



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Halaven

Phone: 800-728-7947

Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, Phone, and State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What diagnosis is this drug being prescribed for (pick one)?
Q2. Please provide ICD codes for diagnosis
Q3. Please indicate location of administration.
Q4. If for metastatic breast cancer, has the patient previously been treated with at least 2 systemic therapies, including a taxane based and an anthracycline based treatment?
Q5. If for unresectable or metastatic liposarcoma, has the patient previously been treatment with an anthracycline-containing regimen?



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Patient Name:	Prescriber Name:
	Supervising Physician:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q6. Does the patient have any contraindication(s) for taxane or anthracycline based therapies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7. What are the contraindications?	
Q8. Is the prescribing physician an Oncologist?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. Additional Comments	

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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