



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Prev Meds - BrstCA - tamoxifen
20 mg & raloxifene

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, Prescriber Name, Supervising Physician, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, 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. Please indicate which medication is being requested.
Q2. Is the requested medication being used for PRIMARY PREVENTION of invasive breast cancer in a woman considered HIGH RISK...
Q3. Is the patient at least 35 years of age?
Q4. Is the patient female?
Q5. Does the patient have a PRIOR history of a DIAGNOSIS of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS)?
Q6. Does the patient have a PRIOR history of THROMBOEMBOLIC EVENTS (deep venous thrombosis, pulmonary embolus, stroke, or transient ischemic attack)?



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Form with fields for Patient Name, Prescriber Name, and Supervising Physician.

Form with checkboxes for Yes/No and a text area for Additional Comments.

Signature and Date lines.

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.

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party.