



# Prior Authorization Request

## Breast Cancer Prevention

### Patient Information

Patient Name: \_\_\_\_\_

ID #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Provider Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Drug Requested:  Anastrozole  Exemestane  Letrozole  Raloxifene  Soltamox  Tamoxifen

### Please answer the following questions:

- Yes  No Is this medication being prescribed to a woman aged  $\geq 35$  years who is at increased risk for breast cancer, including women with previous benign breast lesions on biopsy (such as atypical ductal or lobular hyperplasia and lobular carcinoma in situ), and/or other risk factors (e.g. BRCA 1/2, history of chest radiation therapy, family history of breast cancer)?
- Yes  No Is this medication being prescribed to a woman who has a current or previous diagnosis of breast cancer or ductal carcinoma in situ (DCIS)?
- Yes  No If the requested medication is **Raloxifene**, is the patient post-menopausal?
- Yes  No If the requested medication is **Soltamox**, is the patient unable to swallow or does the patient have difficulty in swallowing tamoxifen tablets?

**Please document the diagnoses, symptoms, and/or any other information important to this review:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signature of Physician

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete form and fax. Please do not include a cover sheet.**

#### State:

Connecticut - 844-474-3350| Georgia - 844-512-9002|  
Indiana - 844-521-6940| Kentucky - 844-521-6947| Maine - 844-474-3351| Missouri - 844-534-9053|  
Nevada - 844-534-9054| New York - 844-474-3356| Ohio - 844-534-9055|  
Wisconsin - 844-534-9056| Virginia - 844-474-3358|

#### Exchange:

Connecticut - 844-474-6220| Georgia - 844-512-9003|  
Indiana - 844-471-7938| Kentucky - 844-471-7939| Maine - 844-474-6221| Missouri - 844-471-7940|  
Nevada - 844-471-7941| New York - 844-474-6226| Ohio - 844-471-7942|  
Wisconsin - 844-474-3340| Virginia - 844-474-6227|

#### Plan Specific:

COVA - 844-474-6218

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