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:

1. ☐ Yes ☐ No Is this medication being prescribed to a woman aged ≥ 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)?

2. ☐ 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)?

3. ☐ Yes ☐ No If the requested medication is **Raloxifene**, is the patient post-menopausal?

4. ☐ 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	Exchange
Colorado	844-521-6939	844-534-9057
California	844-474-3347	844-474-6219
New Hampshire	844-474-3355	844-474-6224
Connecticut	844-474-3350	844-474-6220
Georgia	844-512-9002	844-512-9003
Indiana	844-521-6940	844-471-7938
Kentucky	844-521-6947	844-471-7939
Maine	844-474-3351	844-474-6221
Missouri	844-534-9053	844-471-7940
Nevada	844-534-9054	844-471-7941
New York	844-474-3356	844-474-6226
Ohio	844-534-9055	844-471-7942
Wisconsin	844-534-9056	844-474-3340
Virginia	844-474-3358	844-474-6227
Plan Specific		
COVA – 844-474-6218		