



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 ≥ 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.

	Exchange
Maryland	877-671-6773
Texas	877-671-6775
Florida	877-671-6721

The information contained in this facsimile message is intended only for use by the individual or entity named above. This transmission may contain information that is privileged, confidential and/or otherwise protected by applicable law. If you are not the intended recipient or an employee, associate, or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication or its substance is strictly prohibited. If you receive this communication in error, please immediately notify the sender by telephone to arrange for its destruction or return. Receipt of this facsimile message by anyone other than the intended recipient is not a waiver of confidentiality or privilege for any information contained herein.

The information contained in this facsimile message is intended only for use by the individual or entity named above. This transmission may contain information that is privileged, confidential and/or otherwise protected by applicable law. If you are not the intended recipient or an employee, associate, or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication or its substance is strictly prohibited. If you receive this communication in error, please immediately notify the sender by telephone to arrange for its destruction or return. Receipt of this facsimile message by anyone other than the intended recipient is not a waiver of confidentiality or privilege for any information contained herein.