

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Capecitabine (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health New Jersey at 1-855-296-0323.

When conditions are met, we will authorize the coverage of Capecitabine (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (circle drug)

capecitabine

Other, specify drug _____

Quantity _____ Frequency _____ Strength _____

Route of administration _____ Expected length of therapy _____

Member information

Member name: _____

Member ID: _____

Member Group No.: _____

Member DOB: _____

Member phone: _____

Prescribing physician

Physician name: _____

Specialty: _____ NPI number: _____

Physician fax: _____ Physician phone: _____

Physician address: _____ City, state, zip: _____

Diagnosis: _____ **ICD Code:** _____

Circle the appropriate answer for each question.

- 1. Has this plan authorized this medication in the past for this member (i.e., previous authorization is on file under this plan)? Y N

[If no, skip to question 3.]

- 2. Does the member show clinically significant improvement or stabilization of the disease state? Y N

[No further questions.]

- 3. Is capecitabine requested for the treatment of locally unresectable or metastatic colorectal cancer? Y N

- [If yes, skip to question 21.]
4. Does the member have a diagnosis of recurrent or metastatic breast cancer? Y N
- [If no, skip to question 8.]
5. Is capecitabine requested for the treatment of human epidermal growth factor receptor 2 (HER2) negative recurrent or metastatic breast cancer? Y N
- [If yes, skip to question 21.]
6. Is capecitabine requested for the treatment of human epidermal growth factor receptor 2 (HER2) positive recurrent or metastatic breast cancer? Y N
- [If no, then no further questions.]
7. Will capecitabine be used in combination with trastuzumab (Herceptin) or lapatinib (Tykerb)? Y N
- [If yes, skip to question 21.] [If no, then no further questions.]
8. Does the member have a diagnosis of rectal cancer? Y N
- [If yes, skip to question 21.]
9. Does the member have a diagnosis of metastatic renal cell carcinoma (RCC)? Y N
- [If no, skip to question 11.]
10. Will capecitabine be used in combination with gemcitabine? Y N
- [If yes, skip to question 21.] [If no, then no further questions.]
11. Is capecitabine requested for the treatment of pancreatic adenocarcinoma? Y N
- [If yes, skip to question 21.]
12. Is capecitabine requested for the treatment of pancreatic neuroendocrine tumors (PNET) (islet tumors)? Y N
- [If yes, skip to question 21.]
13. Is capecitabine requested for the treatment of esophageal, esophagogastric junction or gastric cancers? Y N
- [If yes, skip to question 21.]
14. Is capecitabine requested for the treatment of recurrent, unresectable, or metastatic head cancer? Y N

[If yes, skip to question 21.]

15. Is capecitabine requested for the treatment of recurrent, unresectable, or metastatic neck cancer? Y N

[If yes, skip to question 21.]

16. Is capecitabine requested for the treatment of hepatobiliary cancers (extra/intra-hepatic cholangiocarcinoma and gallbladder cancer)? Y N

[If yes, skip to question 21.]

17. Is capecitabine requested for the treatment of lung neuroendocrine tumors (LNET)? Y N

[If yes, skip to question 21.]

18. Is capecitabine requested for the treatment of occult primary tumors? Y N

[If yes, skip to question 21.]

19. Is capecitabine requested for the treatment of ovarian cancer? Y N

[If yes, skip to question 21.]

20. Is capecitabine requested for the treatment of penile cancer? Y N

[If no, then no further questions.]

21. Is capecitabine prescribed by, or in consultation with, an oncologist? Y N

[If no, then no further questions.]

22. Is the member 18 years of age or older? Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date