aetna®

Panitumumab (Vectibix®) Injectable Medication Precertification Request

(All fields must be completed and legible for Precertification Review.)

Aetna Precertification Notification
503 Sunport Lane, Orlando, FL 32809
Phone: 1-866-503-0857
FAX: 1-888-267-3277

For Medicare Advantage Part B:
FAX: 1-844-268-7263

Please indicate: ☐ Start of treatment: Start date ____/____/____
☐ Continuation of therapy: Date of last treatment ____/____/____

Precertification Requested By: _____ Phone: _____ Fax: _____

A. PATIENT INFORMATION

First Name:	Last Name:		
Address:	City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:	
DOB:	Allergies:	E-mail:	

Current Weight: _____ lbs or _____ kgs Height: _____ inches or _____ cms

B. INSURANCE INFORMATION

Aetna Member ID #: _____ Does patient have other coverage? ☐ Yes ☐ No
Group #: _____ If yes, provide ID#: _____ Carrier Name: _____
Insured: _____ Insured: _____

Medicare: ☐ Yes ☐ No If yes, provide ID #: _____ **Medicaid**: ☐ Yes ☐ No If yes, provide ID #: _____

C. PRESCRIBER INFORMATION

First Name:		Last Name: *(Check One)*: ☐ M.D. ☐ D.O. ☐ N.P. ☐ P.A.			
Address:		City:		State:	ZIP:
Phone:	Fax:	St Lic #:	NPI #:	DEA #:	UPIN:
Provider E-mail:		Office Contact Name:		Phone:	

Specialty *(Check one)*: ☐ **Oncologist** ☐ **Hematologist** ☐ **Other**: _____

D. DISPENSING PROVIDER/ADMINISTRATION INFORMATION

Place of Administration:
☐ Self-administered ☐ Physician's Office
☐ Outpatient Infusion Center Phone: _____
Center Name: _____
☐ Home Infusion Center Phone: _____
Agency Name: _____
☐ Administration code(s) (CPT): _____

Dispensing Provider/Pharmacy: *Patient Selected choice*
☐ Physician's Office ☐ Retail Pharmacy
☐ Specialty Pharmacy ☐ Mail Order
☐ Other: _____
Name: _____
Phone: _____ Fax: _____
TIN: _____ PIN: _____

E. PRODUCT INFORMATION

Request is for Vectibix: Dose: _____ **Frequency:** _____

F. DIAGNOSIS INFORMATION – Please indicate primary ICD Code and specify any other where applicable.

Primary ICD Code: _____ Secondary ICD Code: _____ Other ICD Code: _____

G. CLINICAL INFORMATION – Required clinical information must be completed in its entirety for all precertification requests.

☐ Yes ☐ No Has the patient been diagnosed with advanced or metastatic colorectal cancer?
☐ Yes ☐ No Is there clinical evidence that the patient has advanced or metastatic anal adenocarcinoma?
☐ Yes ☐ No Does the patient a diagnosis of advanced or metastatic adenocarcinoma of the appendix?
☐ Yes ☐ No Has the patient been diagnosed with advanced or metastatic adenocarcinoma of the small bowel?
☐ Yes ☐ No Is there clinical evidence that the tumor or adenocarcinoma is expressing the wild-type KRAS and NRAS genes (i.e. negative for the KRAS and NRAS mutations)?
☐ Yes ☐ No Does the patient have a documented previous clinical failure (disease progression) while on cetuximab (Erbitux)?
☐ Yes ☐ No Will panitumumab be used in combination with bevacizumab (Avastin)?
☐ Yes ☐ No Will panitumumab be used in combination with erlotinib (Tarveca)?
☐ Yes ☐ No Will panitumumab be used in combination with gefitinib (Iressa)?

For Continuation of Therapy

☐ Yes ☐ No Has the patient developed an intolerance or toxicity to Vectibix?
→ ***If yes***, please indicate the symptoms the patient has experienced:
☐ Dermatological and soft tissue toxicity ☐ Electrolyte depletion ☐ Infusion reactions ☐ Ocular toxicities ☐ Photosensitivity
☐ Pulmonary fibrosis/ Interstitial lung disease (ILD) ☐ Acute renal failure in combination with chemotherapy
☐ Other _____

☐ Yes ☐ No Is there clinical evidence that the patient has experienced disease progression while on panitumumab?
→ ***If yes***, please indicate the progression that the patient has experienced:
☐ Local progression ☐ Distant progression ☐ Other _____

H. ACKNOWLEDGEMENT

Request Completed By ***(Signature Required)***: _____ **Date:** ____/____/____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The plan may request additional information or clarification, if needed, to evaluate requests.