Primary Breast Cancer Prevention Coverage Member Request Form

Send completed form to:
Service Benefit Plan
Attn: Reconsideration
P.O. Box 52080
Phoenix, AZ 85072-2080
FAX: 1-800-273-5357

CARDHOLDER OR PHYSICIAN COMPLETES

Patient Name: _____ / _____ / _____
First MI Last

Patient Address: _____ _____ _____ _____
Street Address City State Zip

Patient Date of Birth: _____ / _____/ _____ Sex: M ❒ F ❒ **R** [ ]
Cardholder Identification Number

If approved, your $0 prevention benefit override will be applied to the GENERIC for the benefit year. Approval reauthorization is required for each benefit year.

PHYSICIAN ONLY COMPLETES

NOTE: Drug selection and prescribing physician signature must be completed to process this request:

1. Please select drug requested: ❑ **Tamoxifen** ❑**Raloxifene**

2. I attest, as prescribing physician, to the following:

i. This member is a female member **age 35 years of age or older**
ii. The requested medication is being used for **primary breast cancer prevention**
iii. This member is at **increased risk for developing breast cancer** (risk factors for breast cancer include increasing age, family history of breast or ovarian cancer (especially among first-degree relatives and onset before age 50 years), history of atypical hyperplasia or other nonmalignant high-risk breast lesions, previous breast biopsy, and extremely dense breast tissue)
iv. This member has ***not*** been diagnosed with either breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS) in the past
v. This member does **not** have a history of thromboembolic events (deep venous thrombosis, pulmonary embolus, stroke, or transient ischemic attack)

_____ (_____) _____ (_____) _____
Physician Name (Print Clearly) Phone Fax

_____ _____ _____ _____
Street Address City State Zip

_____ _____
Prescriber's NPI Physician Specialty

_____ _____ / _____ / _____
Physician Signature Date

Prescriber Certification: I certify that I am the physician and all information provided on this form to be true and correct to the best of my knowledge and belief.