

Vectibix™ (panitumumab) PreDetermination of Medical Benefits

Complete form in its entirety and fax to UM Call Center at (404) 848-2448

Click on grey boxes to type

Request Date: _____ / _____ / _____

- Initial Authorization Request Re-Authorization Request; List Prior Auth Ref #: _____
- Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions (800.870.6419) Yes No

1. PATIENT INFORMATION

Patient Last Name		Patient First Name		Patient ID Number		Patient DOB / /	
Address			City		State / Zip Code /		Contact Phone Number () -
Date of Diagnosis / /	Primary Diagnosis			ICD-9 Code(s)		Patient's Current Weight	

2. PHYSICIAN INFORMATION

Physician Last Name		Physician First Name		Physician DEA or NPI Number		Physician Tax ID	
Address			City		State		Zip Code
Office Phone Number () -	Office Fax Number () -	Office Contact Name			Physician Specialty		

3. MEDICATION INFORMATION – This section serves as the active prescription – signature required.

Drug Name Vectibix		HCPCS or CPT Code(s) J9303		Strength / Dose		
Direction for Use (SIG)						
Date patient is scheduled to be treated (need by date) / /		Service From Date / /		Service Thru Date / /		Number of Refills
Place of Service <input type="checkbox"/> MD Office <input type="checkbox"/> Pt's Home <input type="checkbox"/> Other: (please specify)						
Prescriber Signature					Date / /	

4. ADDITIONAL CLINICAL INFORMATION NEEDED

Date of Initial Diagnosis / /	List initial therapy (ies) / drug(s) and date(s)
Date of diagnosis of metastatic disease / /	List prior therapy (ies) / drug(s) used for metastatic disease and dates
Describe current treatment plan (also please provide chemo admin flow sheet)	

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5. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: **To avoid delays**, please complete this form in its entirety. Incomplete forms that are missing pertinent information will be pended.
If indicated, please provide **ALL** supporting lab results, progress notes, etc.

(1) Metastatic Colorectal Cancer

- Yes No Is pt diagnosed with metastatic colorectal cancer?
- Yes No Has pt been treated with fluoropyrimidine, oxaliplatin, or irinotecan containing chemotherapy regimens?
- Yes No Is disease progressing on or following treatment with the above chemotherapy agents?
- Yes No Has pt been treated with cetuximab (Erbix)?
- Yes No Is Vectibix being used in combination with other monoclonal antibodies?
- Yes No Is Vectibix being used for only one line of therapy?

(2) Other Use(s) (This will not be reviewed unless all supporting evidence/documentation, labs, etc., are attached.)

6. PHYSICIAN SIGNATURE

	/ /
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Prescriber Signature

Date

Prior Authorization is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

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Medical Policy Reference can be found at: www.bcbsga.com

Anthem UM Services, Inc. an independent company and is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.