

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug InformationPharmacy billing (NDC: _____) Start Date (or date of next dose): _____
Dose: _____ Regimen: _____**Billing Provider Information**Provider NPI: _____ Provider Name: _____
Provider Phone: _____ Provider Fax: _____**Prescriber Information**Prescriber NPI: _____ Prescriber Name: _____
Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____**Criteria****For Initial Authorization:**

1. Please provide a patient-specific, clinically significant reason why the member cannot use other available short-acting injectable formulations of octreotide:

2. Please indicate the diagnosis and information:

 Metastatic Carcinoid Tumor or Vasoactive Intestinal Peptide-Secreting Tumors (VIPoma)A. Is diagnosis advanced metastatic carcinoid tumor or VIPoma? Yes No B. Is the member experiencing severe diarrhea or flushing? Yes No **Acromegaly**

A. Has the member had an inadequate response to or cannot be treated with the following?

(Please check all applicable answers):

 surgical resection pituitary irradiation bromocriptine mesylate at maximally tolerated doses **If answer is none of the above, please indicate diagnosis:** _____

Additional Information: _____

Prescriber Signature: _____ Date: _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.

Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

Fax completed prior authorization request form to **888-601-8461** or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at **AetnaBetterHealth.com/Oklahoma.**

CONFIDENTIALITY NOTICE

This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.