



**Panitumumab (Vectibix®) Injectable Medication
Precertification Request**

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

Please indicate: Start of treatment Continuation of therapy **Today's date:** _____ **Date needed:** _____

Dispensing Provider: Aetna Specialty Pharmacy® or Other: _____
Phone: _____ Fax: _____ **TIN:** _____ **PIN:** _____

Ship to: Doctor's office Patient Other: _____ Phone: _____

Precertification Requested By: _____ Phone: _____ Fax: _____

A. PATIENT INFORMATION

First Name:		Last Name:	
Address:		City:	State: ZIP:
Home Phone:		Work Phone:	Cell Phone:
DOB:	Allergies:		Email:
Patient Current Weight: _____ lbs or _____ kgs		Patient Height: _____ inches or _____ cms	

B. INSURANCE INFORMATION

Aetna Member ID #: _____	Does patient have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Group #: _____	If yes, provide ID#: _____ Carrier Name: _____
Insured: _____	Insured: _____
Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide ID #: _____	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide ID #: _____

C. PRESCRIBER INFORMATION

First Name:		Last Name:		<i>(Circle one):</i> M.D. D.O. N.P. P.A.	
Address:		City:	State:	ZIP:	
Phone:	Fax:	St. Lic. #:	NPI #:	DEA #:	UPIN:
Provider Email:		Office Contact Name:		Phone:	

Specialty (Check one): Oncologist Hematologist Other: _____

D. DIAGNOSIS INFORMATION

Primary ICD-9: _____
Secondary ICD-9: _____ Other ICD-9 Code: _____

E. CLINICAL INFORMATION

Yes No Has patient had a K-ras gene test wild type positive? (REQUIRED FOR PRECERT FOR COLORECTAL CANCER INDICATIONS)
 Yes No Has patient failed a prior cetuximab (Erbix) or panitumumab (Vectibix) containing regimen?
 Yes No Will panitumumab (Vectibix) be used as a single agent?
 Yes No Has patient failed a prior chemotherapy regimen or become intolerant to an irinotecan based regimen?

F. PRESCRIPTION INFORMATION – To be completed as a prescription order if Aetna Specialty Pharmacy is Dispensing Provider

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Vectibix CPB #0748				

*If Aetna Specialty Pharmacy is the dispensing pharmacy, patient benefits will be verified before product is shipped.
*If the prescriber is providing the drug, the provider must verify benefits.

Prescriber's Signature: _____ **Date:** ____/____/____
(Required by law if this Precertification Request is also used as an Aetna Specialty Pharmacy prescription order.)

Interchange is mandated unless practitioner writes the words "NO SUBSTITUTION" in this space: _____