# Somatuline Depot® (lanreotide), Lanreotide injection (lanreotide acetate injection) Medication Precertification Request



(All fields must be completed and legible for precertification review.)

**Aetna Precertification Notification**
**Phone:** 1-866-752-7021 **(TTY:** 711**)**
**FAX:** 1-888-267-3277

**For Medicare Advantage Part B:**
Please Use Medicare Request Form

**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 #**: _____
**Group #**: _____
**Insured**: _____

Does patient have other coverage? ☐ Yes ☐ No
If yes, provide ID#: _____ Carrier Name: _____
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)*: ☐ **Endocrinologist** ☐ **Oncologist** ☐ **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): _____
Address: _____

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

## E. PRODUCT INFORMATION

**Request is for:** ☐ **Somatuline Depot (lanreotide)** ☐ **Lanreotide injection (lanreotide acetate injection)**
**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.

**For Initiation Requests (clinical documentation required):**

☐ **Acromegaly**
☐ Yes ☐ No Is this request for Lanreotide injection?
→ ☐ Yes ☐ No Has the patient had an ineffective response, contraindication or intolerance to Sandostatin or Sandostatin LAR?
→ ☐ Yes ☐ No Has the patient had an ineffective response, contraindication or intolerance to Somatuline?
☐ Yes ☐ No Has the patient had an inadequate or partial response to surgery or radiotherapy?
→ ☐ Yes ☐ No Is there a clinical reason why the patient has not had surgery or radiotherapy?
Please indicate how the patient's pretreatment IGF-1 (insulin-like growth factor 1) level compares to the laboratory's reference normal range based on age and/or gender:
☐ IGF-1 level is higher than the laboratory's normal range
☐ IGF-1 level is lower than the laboratory's normal range
☐ IGF-1 level falls within the laboratory's normal range

***Continued on next page***

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| Patient First Name | Patient Last Name | Patient Phone | Patient DOB |
|---|---|---|---|
| | | | |

## G. CLINICAL INFORMATION *(continued)* – Required clinical information must be completed in its entirety for all precertification requests.

- ☐ **Carcinoid syndrome**
- ☐ **Neuroendocrine tumors (NETs) of the gastrointestinal tract (GI), lung, and thymus (carcinoid tumors)**
- ☐ **Neuroendocrine tumors (NETs) of the pancreas (islet cell tumors), (including gastrinomas, glucagonomas, insulinomas and VIPomas)**
- ☐ **Gastroenteropancreatic neuroendocrine tumor (GEP-NETs)**
- ☐ **Paraganglioma**
- ☐ **Pheochromocytoma**
- ☐ **Zollinger-Ellison syndrome**
- ☐ **Other**

**For Continuation Requests (clinical documentation required):**

- ☐ **Acromegaly**
  Please indicate how the patient's IGF-1 (insulin-like growth factor 1) level changed since initiation of therapy:
  ☐ Increased ☐ Decreased or normalized ☐ No change
- ☐ **Carcinoid syndrome**
  ☐ Yes ☐ No Is the patient experiencing clinical benefit as evidenced by improvement or stabilization in clinical signs and symptoms since starting therapy?
- ☐ **Neuroendocrine tumors (NETs):** ☐ **NETs of gastrointestinal tract (GI), lung, and thymus (carcinoid tumors)** ☐ **NETs of pancreas (islet cell tumors), including gastrinomas, glucagonomas, insulinomas and VIPomas** ☐ **Gastroenteropancreatic NETs (GEP-NETs)**
  ☐ Yes ☐ No Is the patient experiencing clinical benefit as evidenced by improvement or stabilization in clinical signs and symptoms since starting therapy?
- ☐ **Paraganglioma**
  ☐ Yes ☐ No Is the patient experiencing clinical benefit as evidenced by improvement or stabilization in clinical signs and symptoms since starting therapy?
- ☐ **Pheochromocytoma**
  ☐ Yes ☐ No Is the patient experiencing clinical benefit as evidenced by improvement or stabilization in clinical signs and symptoms since starting therapy?
- ☐ **Zollinger-Ellison syndrome**
  ☐ Yes ☐ No Is the patient experiencing clinical benefit as evidenced by improvement or stabilization in clinical signs and symptoms since starting therapy?

## 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.