



Prior Authorization Request Form

For Breast and Ovarian Cancer Screening by Molecular Testing

Sample Collection Date	Member ID Number or Subscriber Social Security Number	Date of Birth	Member Name
Member Address			Member Telephone Number

Risk Criteria Category:

Women with a personal history of ovarian¹ cancer. *Date of ovarian cancer diagnosis (Month ____ / Year ____)*

Women with a personal history of breast cancer² and any of the following:

Date of breast cancer diagnosis (Month ____ / Year ____)

- 1. Breast cancer is diagnosed at age 45 years or younger; *or*
- 2. Breast cancer is diagnosed at age 50 years or younger, with any of the following. The member has:
 - a. at least one close blood relative³ with breast cancer at age 50 years or younger; *or*
 - b. at least one close blood relative³ with epithelial ovarian cancer; *or*
 - c. bilateral breast cancer or two primaries⁵, with first diagnosis age 50 years or younger; *or*
 - d. limited family structure⁴ or no family history available because member is adopted.
- 3. Breast cancer is diagnosed at any age, with any of the following:
 - a. at least two close blood relatives³ on the same side of the family with breast cancer and/or epithelial ovarian cancer at any age; *or*
 - b. the member has two breast primaries⁵ and also has at least one close blood relative³ with breast cancer diagnosed at age 50 or younger; *or*
 - c. the member has two breast primaries and also has at least one close blood relative³ with epithelial ovarian cancer; *or*
 - d. close male blood relative³ with breast cancer; *or*
 - e. if ethnicity is associated with higher mutation frequency (Ashkenazi Jewish), no additional family history is required⁶; *or*
 - f. if member has two close relatives³ on the same side of the family with pancreatic adenocarcinoma at any age.
- 4. Breast cancer is triple negative⁸ and is diagnosed at age 60 years or younger

Women without a personal history of breast cancer or ovarian cancer.

- 5. Women with three or more close blood relatives³ on the same side of the family with breast cancer, irrespective of age at diagnosis; *or*
- 6. Women with two close blood relatives³ on the same side of the family with:
 - a. epithelial ovarian cancer¹; *or*
 - b. breast cancer, one of whom was diagnosed at age 50 years or younger; *or*
 - c. breast cancer in one relative and epithelial ovarian cancer¹ in another relative.
- 7. Women with at least one close blood relative³ with:
 - a. male breast cancer; *or*
 - b. both breast and epithelial ovarian cancer¹
- 8. Women with a first-degree relative with bilateral breast cancer⁵.
- 9. Women of Ashkenazi Jewish descent with one or more 1st-degree relatives or two or more 2nd-degree relatives with breast or epithelial ovarian cancer⁶
- 10. Women with a personal history of pancreatic adenocarcinoma at any age with two close blood relatives³ on the same side of the family with breast cancer, epithelial ovarian cancer, and/or pancreatic adenocarcinoma at any age.
- Women with a first (mother, sister, daughter), second (grandmother, aunt, niece), or third degree (great grandmother, great aunt, first cousin) blood relative with a known BRCA1 or BRCA2 mutation.⁹**
- Women who do not meet any of the above criteria but are determined through both independent formal genetic counseling and quantitative risk assessment tool⁷ to have at least a 10% pre-test probability of carrying a BRCA1 or BRCA2 mutation. Note: In this category, a three-generation pedigree and quantitative risk assessment results must be faxed directly to Aetna at: 860-975-9126. Pedigree template available upon request.**
 - Formal Genetic Counseling (*please check the box that applies*) Yes No
 - Genetic Counselor Name _____ Location (State) _____

Male members with:

- 1. A personal history of breast cancer; *or*
- 2. A first, second, or third degree blood relative with a known BRCA1 or BRCA2 mutation where the results will influence clinical utility (i.e. reproductive decision making)⁹.

continued

Sample Collection Date	Member ID Number or Subscriber Social Security Number	Date of Birth	Member Name
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Risk Criteria Category (Continued):

Members who seek coverage for BRCA1/2 testing for the benefit of OTHER family members must seek reimbursement of payment from the OTHER family member's insurance carrier. BRCA analysis for the medical management of OTHER family members is not a covered benefit for Aetna members.

- 1 For the purposes of these guidelines, fallopian tube and primary peritoneal carcinoma should be included.
- 2 The term "breast cancer" includes both invasive and ductal carcinoma in situ (DCIS) breast cancers. Lobular carcinoma in situ (LCIS) is not included.
- 3 Close blood relatives include first-degree relatives (i.e. mother, sister, daughter) or second-degree relatives (i.e. aunt, grandmother, niece), all of whom are on the same side of the family. For affected Medicare members, close relatives would also include third-degree relatives (i.e. great grandmother, great aunt and first-degree cousin).
- 4 A limited family history is defined as a member who has fewer than two 1st or 2nd degree female relatives in the same lineage that lived to age 45. The "limited family history" can occur on either the maternal or paternal side of family. A three generation pedigree is needed for this category.
- 5 Two breast primaries in a single individual includes bilateral disease or cases where there are two or more clearly separate ipsilateral primary tumors.
- 6 For screening of Ashkenazi Jewish women, a screening panel for the founder mutations common in the Ashkenazi Jewish population (multisite testing) is considered medically necessary. If founder mutation testing is negative, full gene sequencing (reflex testing) is considered medically necessary only if member meets any one of the criteria described above.
- 7 Validated quantitative risk assessment tools include BRCAPRO, Yale, University of Pennsylvania (UPenn I or UPenn II), BOADICEA (Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm) and Tyrer-Cuzick (IBIS Breast Cancer Risk Evaluation Tool).
- 8 Triple negative breast cancer is when the individual's breast cancer cells test negative for estrogen receptors (ER-), progesterone receptors (PR-) and human epidermal growth factor receptors (HER2-).
- 9 Testing in this scenario is for the specific identified mutation (single site testing).

Medical Management (if member tests positive)

<input type="checkbox"/> - Prophylactic oophorectomy	<input type="checkbox"/> - Bilateral	<input type="checkbox"/> - Tamoxifen Chemoprevention	<input type="checkbox"/> - Other
<input type="checkbox"/> - Prophylactic mastectomy	<input type="checkbox"/> - Bilateral	<input type="checkbox"/> - Increased breast surveillance	

Patient Education

Consistent with the 1997 National Institutes of Health Consensus Statement on guidelines for care of patients with BRCA1 and BRCA2 mutations and American College of Medical Genetics guidelines, prior to testing and follow-up treatment, the patient must give informed consent in accordance with applicable law. Also consistent with such guidelines, such informed consent discussions should include at least the following:

1. Clarification of the patient's increased risk status	5. Limited data regarding efficacy of methods for early detection and prevention
2. Explanation of how genetics affects cancer susceptibility	6. Possible psychological and social impact of testing
3. Potential benefits, risk, and limitations of testing	7. Counseling regarding therapeutic options, including limitations
4. Possible outcomes of testing (e.g., positive, negative, or uncertain test results)	

By signing this form, I certify that the member listed above has given informed consent in accordance with the guidelines and risks above and that the BRCA analysis will be used to direct the medical management of this member.

Physician Name and AETNA Provider Number (PLEASE PRINT)	IPA Name and Provider Number
Physician Signature	IPA Address
Physician Address	IPA Telephone Number
Physician Telephone Number	

Submit completed Aetna Prior Authorization form, lab requisition form and blood sample to an Aetna contracted lab. The laboratory will complete the preauthorization process.

* **Please Note:** Completion of a Prior Authorization Form does not guarantee payment. Payment of covered benefits is subject to the provider's contract, the member's eligibility on the dates of services rendered and specific provisions of the member's health benefits plan.

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