

## Chemotherapy and Supportive Care Prior Authorization Request Form

**REQUEST DATE:** \_\_\_\_\_ **TREATMENT START DATE:** \_\_\_\_\_     
  **Standard**     **Expedited**

### I. MEMBER INFORMATION

First:	Last:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height:	Weight:	BSA (m <sup>2</sup> ):	
Diagnosis:	ICD-10:	Stage (0-4):	
Insurance:	Line of Business (e.g., Medicare):	Member ID:	

### II. ANTI-CANCER TREATMENT REQUEST      New    Retrospective    Re-authorization

#	Billing Code	Drug Name	Route	Dose	Frequency & Schedule	Cycles or Refills	Billing Method (B = Buy & Bill or P = Pharmacy)
1							<input type="checkbox"/> B <input type="checkbox"/> P
2							<input type="checkbox"/> B <input type="checkbox"/> P
3							<input type="checkbox"/> B <input type="checkbox"/> P
4							<input type="checkbox"/> B <input type="checkbox"/> P

### III. SUPPORTING CARE DRUGS REQUESTED (see attached drug list for reference)

#	Billing Code	Drug Name	Route	Dose	Frequency & Schedule	Condition (e.g. nausea)	Billing Method (B = Buy & Bill or P = Pharmacy)
1							<input type="checkbox"/> B <input type="checkbox"/> P
2							<input type="checkbox"/> B <input type="checkbox"/> P
3							<input type="checkbox"/> B <input type="checkbox"/> P
4							<input type="checkbox"/> B <input type="checkbox"/> P
5							<input type="checkbox"/> B <input type="checkbox"/> P

If bone agents requested, select indication:    osteo    bone metastases    hypercalcemia    adjuvant breast cancer

If ESAs requested, select indication:    CKD    CIA    MDS

### IV. PROVIDER AND PLACE OF TREATMENT INFORMATION

Ordering Provider:	NPI #:	TIN #:
	Phone:	Fax:
Treating Provider: (if different)	NPI #:	TIN #:
Place of Treatment: (if different)	NPI #:	TIN #:
Is the patient currently being treated with the requested regimen(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Has this member been receiving active care from this treating/servicing provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Is this the only available treating/servicing provider within a reasonable distance that can provide this treatment/service for the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Does this patient have a referral from the Health Plan to see this treating/servicing		

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provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Has the member been receiving cancer treatments from the requesting treating provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Is treating provider in-network? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Requestor's Name:	Phone:	Fax:

**SUBMIT PROGRESS NOTES, CHEMO ORDERS, LABS, PATHOLOGY AND IMAGING RESULTS WITH REQUEST.**

**SUPPORTIVE DRUGS REFERENCE PAGE**

*Note: This page is for reference and does not need to be faxed to Oncology Analytics.*

<b>Anti-emetics: nausea</b>	
J1626	granisetron hydrochloride (Kytril) - IV
Q0166	granisetron hydrochloride (Kytril) - PO
J1627	granisetron ER (Sustol) - SubQ
J2405	ondansetron (Zofran) - IV
Q0162	ondansetron (Zofran) - PO
J2469	palonosetron (Aloxi) - IV
J8655	netupitant/palonosetron HCl (Akynzeo) - PO
J1454	netupitant/palonosetron HCl (Akynzeo) - IV
J8670	rolapitant HCl (Varubi) - PO
J1453	fosaprepitant dimeglumine (Emend) - IV
J8501	aprepitant (Emend) – PO
J0185	aprepitant (Cinvanti) - IV
Request Notes: Include latest MD progress notes	
<b>Bone Agents</b>	
J0897	denosumab (Xgeva) – SQ
J0897	denosumab (Prolia) – SQ
J3489	zoledronic acid (Zometa) - IV
J3489	zoledronic acid (Reclast) - IV
J2430	pamidronate (Aredia) – IV
Request Notes: Include bone scan and bone density test results and latest MD progress notes.	

<b>Erythropoiesis-stimulating agents (ESA): anemia</b>	
J0885	epoetin alfa (Procrit) – SQ
Q5106	epoetin alfa-epbx (Retacrit) – SQ
J0881	darbepoetin alfa (Aranesp) - SQ
Request Notes: Include recent CBC, Iron Sat % and Ferritin. EPO level for initiation with MDS. Check indication for use on the request form: chronic kidney disease (CKD), chemotherapy induced anemia (CIA) or myelodysplastic syndrome (MDS)	
<b>Granulocyte Colony Stimulating Growth Factors (G-CSF): neutropenia</b>	
Q5101	filgrastim-sndz (Zarxio) – SQ
J2505	pegfilgrastim (Neulasta) – SQ
J1442	filgrastim (Neupogen) – SQ
Q5110	filgrastim-aafi (Nivestym) – SQ
J1447	tbo-filgrastim (Granix) – SQ
Q5111	pegfilgrastim-cbqv (Udenyca) – SQ
Q5108	peg filg rastim-jmdb (Fulphila) – SQ
J9999	pegfilgras tim-bmez (Ziextenzo) – SQ
J2820	sargramostim ( Leukine) – SQ
Request Notes: Include most recent CBC with diff, lowest ANC, any history of fever, febrile neutropenia, neutropenia on chemotherapy, current chemotherapy regimen, and a latest MD progress note.	



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