OncoHealth

261 N. University Drive, Suite 710, Plantation, FL 33324
Phone: 888.916.2616 • Fax: 800.264.6128
www.oncohealth.us

For faster processing of authorizations, submit request through the OneUM web portal

Chemotherapy and Supportive Care Prior Authorization Request Form

REQUEST DATE: _____ (MM/DD/YYYY) **TREATMENT START DATE:** _____ (MM/DD/YYYY) ☐ **Standard** ☐ **Expedited**

I. MEMBER INFORMATION

First:	Last:	DOB:	☐ Male ☐ Female
Height:	Weight:	BSA (m^2):	
Diagnosis:	ICD-10:	Stage (0-4):	
Insurance:	Line of Business (e.g., Medicare):	Member ID:	

II. ANTI-CANCER TREATMENT REQUEST ☐ New ☐ Re-authorization

#	Billing Code	Drug Name	Route	Dose	Frequency & Schedule	Cycles or Refills	Billing Method (B = Buy & Bill or P = Pharmacy)
1							☐ B ☐ P
2							☐ B ☐ P
3							☐ B ☐ P
4							☐ B ☐ 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							☐ B ☐ P
2							☐ B ☐ P
3							☐ B ☐ P
4							☐ B ☐ P
5							☐ B ☐ 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:	
Address:	City, State:	Zip:	
Treating Provider: (if different)	NPI #:	TIN #:	

OncoHealth

261 N. University Drive, Suite 710, Plantation, FL 33324
Phone: 888.916.2616 • Fax: 800.264.6128
www.oncohealth.us

Place of Treatment: (if different)	NPI #:	TIN #:
Office Contact:	Phone:	Fax:

Is the patient currently being treated with the requested regimen(s)?	☐ Yes ☐ No ☐ Unknown
Has this member been receiving active care from this treating/servicing provider?	☐ Yes ☐ No ☐ Unknown
Is this the only available treating/servicing provider within a reasonable distance that can provide this treatment/service for the patient?	☐ Yes ☐ No ☐ Unknown
Does this patient have a referral from the Health Plan to see this treating/servicing provider?	☐ Yes ☐ No ☐ Unknown
Has the patient been receiving cancer treatments from the treating/servicing provider?	☐ Yes ☐ No ☐ Unknown
Is the treating/servicing provider in-network?	☐ Yes ☐ No ☐ Unknown
If applicable, do you agree to opt-in to vial rounding?	☐ Yes ☐ No

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

SUPPORTIVE DRUGS REFERENCE:

Anti-emetics: nausea	
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	
Bone Agents	
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.	

Erythropoiesis-stimulating agents (ESA): anemia	
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)	
Granulocyte Colony Stimulating Growth Factors (G-CSF): neutropenia	
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 febrile neutropenia, neutropenia on chemotherapy, current chemotherapy regimen, and a latest MD progress note.	