



## **Chemotherapy/Cancer Treatment Medication**

**Prior Authorization Form** 

All Chemotherapy regimens MUST be reviewed by the AchieveHealth® CMS Utilization Management review team.

## Prior authorization is required for:

- All Chemotherapy regimens including but not limited to:
  - Clinical trials
  - Medications that are considered to be experimental or investigational, or that are identified as being prescribed for an off-label use

## Prior authorization is not required for the following chemotherapy support drug codes when given with chemotherapy:

- Antiemetics: J1626, Q0166, J1627, J2405, Q0162, J2469, J8655, J8670, J1453, J8501
- Bone agents: J0897, J3489, J2430
- Erythropoiesis-stimulating agents (ESA): J0885, Q5106, J0881
- Granulocyte colony stimulating growth factors (G-CSF): Q5101, J2505, J2506, J1442, Q5110, Q5108, J2820

Date of Request:		Patient's HPI N	Patient's HPI Member ID#:				
Patient's Name: Physician's Name:				Patient's Date of Birth:  Physician's TIN#:			
							Physician's Phone#:
Facility Name:				Facility TIN#:			
Diagnosis:				ICD-10 Code(s):			
Are any of the requested medication(s) <b>not</b> FDA approved? Yes No  If yes, please specify the medication(s), and submit literature to support the request.							
Is the patient participating in a clinical trial or research study? Yes					No		
If yes, please include a copy of the trial consent or protocol.  NCT#:							
Please list all chen	notherapy and any s	support drugs re	quiring prior authorizatio	n below:			
Drug Name	J Code / HCPCS Code	Dosage	Scheduled Days / # of Cycles	Start Date	Duration	FDA Approved?	

Please note that completion of this screening form and/or the Standard Prior Authorization Request Form does not guarantee payment. If you have questions about specific benefit provisions, reimbursement levels or provider networks under the Plan, please contact HPI's Customer Service department at the phone number listed on the back of the patient's member ID card.

☑ Fax completed form, along with the Standard Prior Authorization Request Form and clinical documentation (including the physician's office notes), to *AchieveHealth* Care Management Services (CMS) at 508-756-1382