

## Pediatric Oncology 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/Phase:	
Insurance:	Line of Business (e.g., Medicare):	Member ID:	
Is this member being treated with a Children's Oncology Group (COG) Protocol? <input type="checkbox"/> Yes: Enter COG # _____ (example: AALL1131) <input type="checkbox"/> No			

### II. OUTPATIENT DRUGS THAT WILL BE BILLED TO THE HEALTH PLAN    New    Retrospective    Re-authorization

*Note: Do not include drugs that will be study-supplied, free of charge or administered inpatient.*

#	Billing Code	Drug Name	Billing Method
1			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy
2			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy
3			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy
4			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy
5			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy
6			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy
7			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy
8			<input type="checkbox"/> Buy & Bill <input type="checkbox"/> Pharmacy

### III. 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 #:
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.**