

Need to submit a request quickly? Visit our web portal at oneum.oncohealth.us

Chemotherapy and Supportive Care Prior Authorization Request Form

REQUEST DATE: _____

TREATMENT START DATE: _____

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

 Standard
 Urgent - Mark as **Urgent**, if the request meets one of the definition/level of service listed below

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment; or
- Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological function; or
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.
- Based on this definition, I hereby submit this authorization as an urgent request

I. MEMBER INFORMATION

First:	Last:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> 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 AND SUPPORTIVE DRUG REQUEST

#	Billing Code	Drug Name	Route	Dose	Frequency & Schedule	Indication	Is the patient currently being treated with this regimen? (Y=Yes, N= No)	Request Brand Name	Billing Method (B = Buy & Bill or P = Pharmacy)	If applicable, Do you agree to opt-in to vial rounding? (Y=Yes, N= No)
Please list ALL components of the ENTIRE regimen, including oral and PA Exempt drugs										
1.							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Brand	<input type="checkbox"/> B <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N
2.							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Brand	<input type="checkbox"/> B <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N
3.							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Brand	<input type="checkbox"/> B <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N
4.							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Brand	<input type="checkbox"/> B <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N
5.							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Brand	<input type="checkbox"/> B <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N
6.							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Brand	<input type="checkbox"/> B <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N

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 #:
Office Contact:	Phone:	Fax:

IV. PREFERRED PRODUCTS

- a. **If applicable**, do you agree to substitution of a Reference product with its FDA-approved Biosimilar product when part of a mandatory Step-Therapy Program*? Yes No Unknown
- *Per CMS, mandatory changes to preferred products do **NOT** apply to **Medicare** patients if they have received the Non-Preferred product in the past 365 days.

- b. **If yes**, please list preferred Biosimilar product here: (JCode) _____ (Name) _____
- (For a list of Preferred Products, please see individual Step Therapy Policy, call OncoHealth at (888) 916-2616, or submit request via SmartUM OH Web Portal at: <https://oneum.oncohealth.us>)

CONFIDENTIALITY STATEMENT: This facsimile and any files transmitted with it may contain confidential and/or privileged material and is intended only for the person or entity to which it is addressed. Any review, retransmission, dissemination, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you have received this facsimile in error, please notify the sender immediately and delete this material from all known records.