



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:
o Clinical trials
o 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, J1447, Q5111, Q5108, J9999, J2820, Q5130, Q5122, Q5127, J1449

Date of Request: Patient's HPI Member ID#:
Patient's Name: Patient's Date of Birth:
Physician's Name: Physician's TIN#:
Physician's Phone#: Fax#: Contact Person:
Facility Name: Facility TIN#:
Diagnosis: ICD-10 Code(s):

Are any of the requested medication(s) not 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 chemotherapy and any support drugs requiring prior authorization below:

Table with 7 columns: 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