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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 I. MEMBER INFORMATION First: Last: DOB: ☐ Male ☐ Female Height: Weight: BSA (m²): ICD-10: Stage (0-4): Diagnosis: Insurance: Line of Business (e.g., Medicare): Member ID: II. ANTI-CANCER TREATMENT AND SUPPORTIVE DRUG REQUEST Is the patient If applicable, currently being Billing Method Do you agree Request Billing Frequency & # Drug Name Route Dose Indication treated with **Brand** (B = Buy & Bill or to opt-in to vial Code Schedule this regimen? Name P = Pharmacy) rounding? (Y=Yes, N= No) (Y=Yes, N= No) Please list ALL components of the ENTIRE regimen, including oral and PA Exempt drugs 1. \square Y \square N □ Brand \square B \square P \square Y \square N 2. □ Y \square N ☐ Brand □в \square N \square P \square Y 3. ПΥ \square N □в \square P ПΥ \square N □ Brand 4. \square Y \square N ☐ Brand □в \square P \square Y \square N 5. \square Y \square N □ Brand \square B \square P \square Y \square N 6. \square Y \square N □ Brand \square B $\sqcap P$ $\sqcap \mathbf{Y}$ \square 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 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 a	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)	(Na	me)		
	(For a list of Preferred Products, please see individual Step The	rapy Policy, ca	l OncoHe	ealth at (888) 916-2616, or submit request via OH Web	

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