

I. Requirements for Prior Authorization of Oncology Agents, Breast Cancer

A. Prescriptions That Require Prior Authorization

Prescriptions for Oncology Agents, Breast Cancer that meet any of the following conditions must be prior authorized:

1. A non-preferred Oncology Agent, Breast Cancer. See the Preferred Drug List (PDL) for the list of preferred Oncology Agents, Breast Cancer at: <https://papdl.com/preferred-drug-list>.
2. A prescription for letrozole.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Oncology Agent, Breast Cancer, the determination of whether the requested prescription is medically necessary will take into account the whether the beneficiary:

1. For a non-preferred agent, has a history of therapeutic failure, contraindication, or intolerance to the preferred Oncology Agents, Breast Cancer; **AND**
2. For letrozole, is being treated for a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication, excluding use to promote fertility. The requesting prescriber must provide documentation from the medical record of the diagnosis

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Oncology Agent, Breast Cancer. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

Chemotherapy and Supportive Care 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 ²):	
Diagnosis:	ICD-10:	Stage (0-4):	
Insurance:	Line of Business (e.g., Medicare):	Member ID:	

II. ANTI-CANCER TREATMENT REQUEST New Retrospective Re-authorization

#	Billing Code	Drug Name	Route	Dose	Frequency & Schedule	Cycles or Refills	Billing Method (B = Buy & Bill or P = Pharmacy)
1							<input type="checkbox"/> B <input type="checkbox"/> P
2							<input type="checkbox"/> B <input type="checkbox"/> P
3							<input type="checkbox"/> B <input type="checkbox"/> P
4							<input type="checkbox"/> B <input type="checkbox"/> P

III. SUPPORTING CARE DRUGS REQUESTED (see attached drug list for reference)

#	Billing Code	Drug Name	Route	Dose	Frequency & Schedule	Condition (e.g. nausea)	Billing Method (B = Buy & Bill or P = Pharmacy)
1							<input type="checkbox"/> B <input type="checkbox"/> P
2							<input type="checkbox"/> B <input type="checkbox"/> P
3							<input type="checkbox"/> B <input type="checkbox"/> P
4							<input type="checkbox"/> B <input type="checkbox"/> P
5							<input type="checkbox"/> B <input type="checkbox"/> P

If bone agents requested, select indication: osteo bone metastases hypercalcemia adjuvant breast cancer

If ESAs requested, select indication: CKD CIA MDS

IV. 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.

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SUPPORTIVE DRUGS REFERENCE PAGE

Note: This page is for reference and does not need to be faxed to Oncology Analytics.

Anti-emetics: nausea	
J1626	granisetron hydrochloride (Kytril) - IV
Q0166	granisetron hydrochloride (Kytril) - PO
J1627	granisetron ER (Sustol) - SubQ
J2405	ondansetron (Zofran) - IV
Q0162	ondansetron (Zofran) - PO
J2469	palonosetron (Aloxi) - IV
J8655	netupitant/palonosetron HCl (Akynzeo) - PO
J1454	netupitant/palonosetron HCl (Akynzeo) - IV
J8670	rolapitant HCl (Varubi) - PO
J1453	fosaprepitant dimeglumine (Emend) - IV
J8501	aprepitant (Emend) – PO
J0185	aprepitant (Cinvanti) - IV
Request Notes: Include latest MD progress notes	
Bone Agents	
J0897	denosumab (Xgeva) – SQ
J0897	denosumab (Prolia) – SQ
J3489	zoledronic acid (Zometa) - IV
J3489	zoledronic acid (Reclast) - IV
J2430	pamidronate (Aredia) – IV
Request Notes: Include bone scan and bone density test results and latest MD progress notes.	

Erythropoiesis-stimulating agents (ESA): anemia	
J0885	epoetin alfa (Procrit) – SQ
Q5106	epoetin alfa-epbx (Retacrit) – SQ
J0881	darbepoetin alfa (Aranesp) - SQ
Request Notes: Include recent CBC, Iron Sat % and Ferritin. EPO level for initiation with MDS. Check indication for use on the request form: chronic kidney disease (CKD), chemotherapy induced anemia (CIA) or myelodysplastic syndrome (MDS)	
Granulocyte Colony Stimulating Growth Factors (G-CSF): neutropenia	
Q5101	filgrastim-sndz (Zarxio) – SQ
J2505	pegfilgrastim (Neulasta) – SQ
J1442	filgrastim (Neupogen) – SQ
Q5110	filgrastim-aafi (Nivestym) – SQ
J1447	tbo-filgrastim (Granix) – SQ
Q5111	pegfilgrastim-cbqv (Udenyca) – SQ
Q5108	peg filg rastim-jmdb (Fulphila) – SQ
J9999	pegfilgras tim-bmez (Ziextenzo) – SQ
J2820	sargramostim (Leukine) – SQ
Request Notes: Include most recent CBC with diff, lowest ANC, any history of fever, febrile neutropenia, neutropenia on chemotherapy, current chemotherapy regimen, and a latest MD progress note.	