



Chemotherapy/Cancer Treatment Medication
Prior Authorization Screening Form

This form must be completed and returned for this request to be reviewed. Please fax this form, along with the Standard Prior Authorization form and clinical documentation (including the physician's office notes) to AchieveHealth™ Care Management Services (CMS) at:

508-756-1382

All medications that exceed \$2,000 per dose MUST be screened by the AchieveHealth™ CMS Utilization Management review team. Prior authorization is required for:

- Clinical trials
Medications that are considered to be experimental or investigational, or that are identified as being prescribed for an off-label use
Support or non-chemotherapy medications that exceed \$2,000 per dose

Form with fields: 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 only those medications that exceed \$2,000 per dose:

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.