

# Pharmacy Prior Authorization Form

Last Reviewed: Nov. 07

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to:  Commercial Plan  Medicaid Plan  Medicare Plan

## Oral Anti-Neoplastic Medications (with equivalent injectable dosage forms or prodrugs\*) Urgent Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Product:

- Alkeran (melphalan)
- Cytosan (cyclophosphamide)
- Methotrexate
- Temodar (temozolomide)
- Myleran (busulfan)
- VePesid (etoposide)
- Xeloda (capecitabine)

Dose: \_\_\_\_\_ Start date: \_\_\_\_\_

### Priority Health Precertification Requirements:

#### Authorization of Oral Anti-neoplastics require:

- If being used as treatment for cancer, it is considered a Part B benefit
- If not being used as a treatment for cancer, it is considered a Part D benefit

#### Please Complete the Following Information:

Diagnosis:

Drug is being used as a treatment for cancer:

- Yes - Type of cancer: \_\_\_\_\_
- No -Diagnosis: \_\_\_\_\_

Note: These drugs are generally covered under Medicare Part B. As outlined in the Precertification Requirements, some of these drugs may be covered under Part D.

\*Prodrug is a drug, when ingested, is metabolized into the same active ingredient which is found in the non-self-administered form of the drug.

Xeloda is a prodrug for 5-fluorouracil.

Temodar is a prodrug for 5-(3-methyltriazen-1-yl)imidazole-4-carboxamide (MTIC).

\*\*\* All fields must be complete and legible for Prior Authorization Review\*\*\*

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**YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**