**UnitedHealthcare Injectable Chemotherapy Prior Authorization (PA) Program**

**Frequently Asked Questions**

**Q1. What members are impacted by the UnitedHealthcare Injectable Chemotherapy PA Program?**

A. Beginning May 17, 2014, providers billing for outpatient injectable chemotherapy for a member being treated for a cancer diagnosis covered by one of the following health plans are required to obtain PA for services rendered by providers in Florida.
   - Neighborhood Health Partnership
   - UnitedHealthcare – excluding indemnity/PPO membership
   - UnitedHealthcare Community Plan – excluding Long Term Care (formerly Evercare) membership

Note that members receiving care from a provider outside the state of Florida do not require prior authorization.

**Q2. Which providers will be affected by the injectable chemotherapy PA requirement?**

A. All providers (including hospitals, infusion centers, clinics and home health providers) who administer and bill for injectable chemotherapy drugs in an outpatient setting are required to obtain a PA for services prior to the service being rendered in an office or outpatient setting. Providers and facilities who administer injectable chemotherapy drugs must confirm that PA has been obtained or payment for their services may be denied.

**Q3. If a member is receiving a chemotherapy drug for a non-cancer diagnosis, is a PA necessary?**

A. PA for chemotherapy injectable drugs is only required when a member is being treated for cancer. The use of the chemotherapy drugs for non-cancer use does not require a PA as part of this program. Note, chemotherapy injectable drugs for non-cancer diagnosis (e.g. rheumatoid arthritis) do require PA by Neighborhood Health Partnership and UnitedHealthcare Community Plan when used off-label. For UnitedHealthcare members, a PA is not required but will be reviewed against applicable medical and drug policies to determine if services are eligible for coverage.

**Q4. Is UnitedHealthcare using a vendor to administer this program?**

A. Yes. To support this program, we have contracted with CareCore National Oncology Division to provide injectable chemotherapy prior authorization services based on the NCCN guidelines. UnitedHealthcare already partners with CareCore for prior authorization for its cardiology and radiology services and under this new program will review drug combinations, lines of therapy and treatment for disease progression.

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Q5. Is the UnitedHealthcare Injectable Chemotherapy Prior Authorization Program the same as the Medicare Advantage Specialty Drug Prior Authorization Program?

A. No, the two programs are not the same.
   • The Medicare Advantage Specialty Drug Prior Authorization Program is for Medicare Advantage members only.
     – It includes a limited number of injectable drugs that are used for the treatment of cancer and other medical conditions.
     – The PA process reviews a specific drug not a regimen of drugs.
     – It is required in Florida.
   • The UnitedHealthcare Injectable Chemotherapy Prior Authorization Program:
     – Is for members insured by Neighborhood Health Partnership, UnitedHealthcare Community Plan and UnitedHealthcare.
     – The PA process reviews a chemotherapy regimen rather than a specific drug as is the case under the Medicare Advantage Specialty Drug Prior Authorization Program.
     – Reviews all injectable chemotherapy drugs.

Q6. What policy will be used to review chemotherapy regimens?

A. UnitedHealthcare’s drug policy, Oncology Medication Clinical Coverage Policy, is guided by the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium. The new PA process will examine the chemotherapy regimen and line of therapy for matches with the NCCN recommendations*.

We use the National Comprehensive Cancer Network (NCCN) compendium for our coverage review because of its reputation as an expert resource for oncologists and because its recommendations are transparent to physicians, patients and payers. The new process provides an approval for NCCN-compliantregimens. Remaining requests will be reviewed by a medical oncologist.

Q7. Does the UnitedHealthcare Injectable Chemotherapy Prior Authorization Program only include J9000 – J9999 drugs?

A. No, the UnitedHealthcare Injectable Chemotherapy Prior Authorization Program includes all injectable chemotherapy drugs used to treat cancer.
   • Chemotherapy injectable drugs that have a C, Q or S code are included in the UnitedHealthcare Injectable Chemotherapy Prior Authorization Program.
   • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous healthcare common procedure coding system (HCPCS) code will require a prior authorization.
   • Since some NCCN regimens include Leucovorin, J0640, we will also require a prior authorization for this drug as well as Levoleucovorin, J0641.

Q8. What date can I start the process to prior authorize injectable chemotherapy regimens online?

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A. Online PA requests will be available on May 1, 2014. Website address is: medicaloncologyauthorizations.com.

Q9. If a member has been receiving injectable chemotherapy prior to May 17, 2014 and will continue with the same regimen after May. 17, 2014, will I need to submit a PA?

A. No, if the member has received the injectable chemotherapy drugs between Feb. 17, 2014 and May 16, 2014, you do NOT need to submit a PA until a new chemotherapy drug will be administered to the member. We will authorize the chemotherapy regimen the member was receiving prior to May. 17, 2014 and the authorization will be effective until May. 16, 2015.

The authorization will terminate early if the member receives a different injectable chemotherapy agent or at the time the treating physician requests an PA for a new chemotherapy regimen.

Q10. Will I receive anything in writing regarding authorizations for members that have started a chemotherapy regimen prior to May 17, 2014?

A. You will not receive anything in writing. However, you will be able to review this authorization on UnitedHealthcare Online.com under the Notifications / Prior Authorization section. You will need one of the following combinations to complete a search:
   • Tax ID of provider billing for past chemotherapy, member ID and date of birth.
   • Tax ID of provider billing for past chemotherapy, member ID and name.
   • Tax ID of provider billing for past chemotherapy, last name, first name, date of birth and state.

Q11. I received an explanation of benefits stating the chemotherapy drugs were denied as no PA was received. This member started the chemotherapy regimen before May 17, 2014 and I believe a claim should have been paid. What should I do?

A. We will use claims reports to recognize members should receive authorizations because the chemotherapy was started prior to May 17, 2014 and was eligible for reimbursement based on the payment rules in place at the time of service. It is possible that some services were not identified in our reports. If you believe a claim was denied in error, please send a secure email with the member’s name, ID number, date of birth, tax ID number, claims number, date of service and J code(s) to unitedoncology@uhc.com. Please include your name and phone number. We will respond to your initial email within three business days.

Administrative / Claims

Q12. Does receipt of an injectable chemotherapy PA guarantee that UnitedHealthcare will pay the claim?

A. No. Payment for covered services is contingent upon the member’s eligibility on the date of the service, any claim processing requirements and the terms of your participation agreement.

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Q13. If the clinic uses a different tax ID number for billing than the hospital, will the hospital billing for the chemotherapy need to be listed as the rendering provider?

A. Providing the accurate tax ID number of the rendering provider is very important during the prior authorization process. Claims submitted for chemotherapy services MUST BE billed under the Rendering Provider’s tax ID that is in the PA request. If the tax ID number is NOT on the authorization, services will be denied.

We encourage rendering providers to verify the ordering provider has completed the PA process and that the PA includes the rendering provider’s TIN (so claims will be paid). As a rendering provider you should complete a search using your TIN, Health Plan, member’s name ID number and date of birth (DOB). It is possible you will not see an authorization. If you do not see the authorization, please call 855-252-1116 to have the correct billing TIN added to the authorization. You will need the appropriate billing TIN and the member’s name, ID number and DOB.

Q14. Because UnitedHealthcare is using a vendor for the Injectable Chemotherapy PA Program, does this change where I submit claims?

A. No, this PA requirement will not change where or how you submit claims.

Q15. If UnitedHealthcare is the secondary plan, is PA required for injectable chemotherapy drugs?

A. No. PA is not required when UnitedHealthcare is secondary to any other benefit plan, including Medicare.

Q16. Is a case reference number needed for each injectable chemotherapy drug ordered?

A. No, the case reference number is assigned to the chemotherapy regimen.

Q17. Is the case reference number required on the claim form to ensure payment?

A. No. You do not need to put the case reference number on the claim form.

Q18. When paying claims, what components of the authorization process determine payment?

A. During the claims payment process, we look for an authorization for all billed chemotherapy injectable drugs and the tax ID number of the billing provider for the services. If the billing tax ID is not on the PA approval, the chemotherapy drugs will not be eligible for reimbursement.

- The billing provider tax ID on the claim must match the tax ID on the authorization request. When the “Ordering Physician” bills for chemotherapy injections, his/her tax ID must match the “Ordering Physician” tax ID.
- If the “Ordering Physician” does not bill for the chemotherapy injections, the tax ID on the bill must match the “Rendering Provider” tax ID.

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Q18. We obtained a PA approval and were granted a 12 month authorization. After the first six months of the authorization period, our billing tax ID number changed. Will this impact claims payment?

A. Yes, a change in a tax ID number for the billing provider will impact claims processing. If your billing tax ID changes during an authorization period, please call UnitedHealthcare at 855-252-1116. We recommend you call before billing for any injectable chemotherapy drugs with the new tax ID number.

Q19. What happens if we don’t obtain a PA before administering chemotherapy in an outpatient setting?

A. Failure to comply with the PA requirement will result in administrative claim denial. Claims denied for failure to request PA may not be balanced billed to the patient and is precluded under your participation agreement and not allowed under Florida law. A claims denial notice will be issued with the appeals process outlined in the notice.

Q20. What date should I enter if we have not determined the exact date to start chemotherapy?

A. If you do not know the start date for the chemotherapy injections, enter the date that you submit the prior authorization request.

Q21. What should I do if I realize I forgot to obtain the injectable chemotherapy PA for the first cycle of chemotherapy?

A. Submit a request for a PA as soon as possible for future dates of service. Claims for the first date of service will be administratively denied as “no Prior Authorization”. The claim denial notice will outline the appeal process to follow.

Q22. How will I know when a PA has been completed?

A. You will be notified of the PA by fax and may verify the outcome of the request by checking the status online at UnitedHealthcareOnline.com or by calling the number on the back of the member’s ID card. The authorization status will also be available in the "Review History" tab of the patient information area of the medicaloncologyauthorizations.com website used to request authorization.

Q23. Where can I see completed PAs?

A. You may view completed PAs on two websites:

- UnitedHealthcareOnline.com under the Notifications / Prior Authorization section. You will need one of the following combinations to complete a search:
  - Ordering physician or rendering provider TIN, enrollee ID number and date of birth
  - Ordering physician or rendering provider tin, enrollee ID number and name

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• Medicaloncologyauthorizations.com. Both ordering physicians and rendering providers will be able to view the authorization in the “Authorization Look Up (Rendering/Ordering)” tab. You will need one of the following combinations to complete a search:
  o Health plan, ordering physician TIN, enrollee ID and date of birth
  o Health plan, rendering provider TIN, enrollee ID and date of birth
  o Health plan, ordering physician TIN and case reference number
  o Health plan, rendering provider TIN and case reference number

Q24. Can I initiate my injectable chemotherapy PA requests on the UnitedHealthcareOnline.com?

A. No, the UnitedHealthcare Injectable Chemotherapy Prior Authorization Program is managed through CareCore National. Their website address is: medicaloncologyauthorizations.com. You may also call CareCore National at 855-252-1116 to start a PA request.

Q25. If the chemotherapy regimen is not approved, what follow-up information will the ordering physician receive?

A. You and your patient will be informed in writing of the denial. The physician will receive a fax within 24 hours of the determination, and a letter will be sent to the member including the process to initiate an appeal.

Q26. Is there an appeal process if the PA is not approved?

A. Yes. We fax appeal rights to you and mail them to your patient with each adverse determination. All appeals will be managed by UnitedHealthcare.

Q27. If a denial occurs because of a coding mistake, can I resubmit the claim?

A. Yes, if the mistake is administrative (related to coding), a claim can be resubmitted as long as a PA remains in effect.

Q28. Who should I contact with questions?

A. See the CareCore National website’s “Program Support” section or call them at 855-252-1116, 7a.m. – 7p.m., EST, Monday – Friday.

Q29. I forgot my password for the web based tool and can’t enter a case. What should I do?

A. The CareCore National website log in page contains a password recovery function that will email a temporary password to the email address entered at registration. Use this temporary password to log in and you will be directed to reset your password.

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Prior Authorization Process

Q30. How do I submit a PA request?

A. Authorization requests should be completed online at medicaloncologyauthorizations.com. Refer to “UnitedHealthcare Injectable Chemotherapy Prior Authorization Program Getting Started” to start the registration process. The document can be found on the UnitedHealthcareOnline.com / Clinical Resources / Cancer – Oncology / UnitedHealthcare Chemotherapy Injectable Program.

Q31. What minimum information will be required to obtain a chemotherapy PA?

A. Member Information
   • Member’s UnitedHealthcare identification (ID) number
   • Member’s UnitedHealthcare group number
   • Member’s name
   • Member’s date of birth

Ordering Physician Information:
   • Ordering Physician last name
   • Ordering Physician’s tax ID number

Clinic Contact:
   • The number you want us to use to contact you if we have a question on the submitted information
   • The fax number you want us to use to fax requests and the determination letter

Rendering Provider Information (if different than Ordering physician):
   • Rendering Provider’s name and address
   • Rendering Provider’s tax ID number

Required Clinical Information:
   • The chemotherapy drug regimen – or a list of the chemotherapy drugs
   • The primary cancer diagnosis that will be used for claims submission with the ICD-9 code
   • The date of diagnosis and stage of disease at diagnosis (if requesting primary therapy)

Special note: If the member is insured with a Neighborhood Health Partnership benefit, a referral to the oncologist must be authorized prior to obtaining an authorization for injectable chemotherapy. Call Provider Service at 866-242-9546 with questions.

Q32. How do I submit a PA request for outpatient chemotherapy at the hospital?

A. PA requests require an ordering physician for each case. If you work for a hospital, you will need to include the name of the ordering physician for each case.

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If both the physician and the hospital use the same tax ID number for billing, you will not have to list a “Rendering Provider” when completing the information.

If the physician and the hospital use different tax ID numbers for billing, you will need to list the hospital as the rendering provider.

Q33. Will additional clinical information be required during the prior PA process?

A. Yes, based on the diagnosis and/or the chemotherapy regimen that has been selected, you may be asked to provide additional clinical information, which may include:
   • The prior chemotherapy regimen if member is being treated for metastatic disease
   • Line of therapy
   • If the member has presence of metastatic disease
   • Tumor histology and tumor marker for some tumor types to determine chemotherapy drug appropriateness (KRAS, HER2, BRAF)
   • Information that the provider believes will help in evaluating the request, including histology, co-morbidities, history of adverse reaction to chemotherapy drugs, etc.

Q34. What is the turnaround time for UnitedHealthcare Injectable Chemotherapy Prior Authorization Program requests?

A. Chemotherapy regimens that meet NCCN guidelines and for pediatric patients will be authorized at the time of submission*.

   If the chemotherapy regimen is not an NCCN recommended regimen*, the submitted information will be reviewed by an oncologist prior to a coverage decision within three business days. If additional information is needed to make a coverage decision, we will notify you of specific information needed and/or schedule a time for a discussion.

Q35. How long is an PA valid?

A. The length of time a PA will be valid varies by request.
   • For all injectable chemotherapy drugs used in the palliative setting, the prior authorization will be valid for 365 days.
   • For all injectable chemotherapy drugs used in the curative and adjuvant setting, the PA is valid for eight months. If the chemotherapy regimen includes traztuzamab, the authorization will be for 14 months. The resulting expiration date will be provided in writing and will also be viewable at UnitedHealthcare Online.com under Notifications / Prior Authorization section.
   • Authorizations for pediatric chemotherapy regimens and regimens to treat members with a rare cancer will be valid for 365 days.

   PAs will be terminated early if one of the following events occurred during the authorization period:

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• At the time a new prior PA request is made for a different injectable chemotherapy regimen, all past authorizations will terminate. This will apply whether the new regimen is approved OR denied.

Q36. We received an PA prior for palliative care that will expire in a few weeks. The patient is doing well on this drug regimen and the treating physician would like to continue the regimen. What should I do?

A. A new PA request is necessary to continue the same chemotherapy regimen. We recommend submitting the new request at least two weeks before the end date of the current one.

Q37. During the case entry, what do I do if I am unable to locate the drug regimen the physician has proposed for the patient?

A. If you do not see the drug regimen listed while doing a case entry, select the option “Build a Custom Treatment Plan” and select the specific drugs to represent the regimen you propose. If you do not see a drug listed, you can select “other” and type in the name of the drug. A new chemotherapy drug without an assigned J code will be listed four times. Each listing will have one of the unclassified codes (J3490, J3590, J9999 or C9399). Select the drug with the J code your organization will use for billing. For example, if you bill all your chemotherapy drugs that do not have an assigned J code with J9999, select the correct entry that lists the drug name and J9999. The correct “not otherwise classified” code is required for the claim to pay appropriately.

A few chemotherapy drugs have more than one J code. These drugs will be listed with both the generic and brand name and the J code. Select the drug / J code entry that reflects the J code that will be used in billing. If you are not sure, select all J code options for the drug. For payment purposes, we need to have the J codes that will be used for billing.

Q38. Is a PA necessary for pediatric members receiving outpatient injectable chemotherapy in a facility or physician office?

A. PAs are required for all members receiving injectable chemotherapy for a cancer diagnosis, regardless of age.

Q39. Is a PA necessary for members receiving outpatient injectable chemotherapy in a hospital setting?

A. Yes, PAs are required for all members who are receiving injectable chemotherapy for a cancer diagnosis in any outpatient setting (hospital, physician office, infusion center, clinic, home care, etc.).

Q40. Who is responsible for submitting the PA request when a member is going to receive chemotherapy from the hospital?

A. It is the responsibility of the provider that will be billing for the injectable chemotherapy drug to ensure that a PA has been obtained prior to rendering the service. We encourage rendering

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providers to verify the ordering provider has completed the PA process and the PA includes the rendering providers TIN. As a rendering provider you should attempt to locate the authorization for the member. If you do not see the appropriate billing TIN, or are unable to locate an authorization for the member, please call 855-252-1116 to have the correct billing TIN added to the authorization. You will need the member’s name, ID and DOB.

Q41. When a member goes to the hospital for outpatient chemotherapy, can the office staff of the ordering physician obtain the authorization for the chemotherapy?

A. Yes, the ordering physician can obtain the PA for the injectable chemotherapy drugs. During the authorization process, provide the name and the TIN for the rendering provider (TIN that will be used in the billing process). By providing the details of the rendering provider, the staff of the ordering physician and rendering provider will be able to view the authorization online for this member at UnitedHealthcareOnline or medicaloncologyauthorizations.com.

Q42. If a provider refers a patient to a facility or home care provider for outpatient injectable chemotherapy, who is responsible for submitting the PA request?

A. The provider who will be billing for the service is responsible for obtaining a PA prior to administration of the injectable chemotherapy drugs.

Note: For Neighborhood Health Partnership members, chemotherapy drugs that are part of the capitated agreement do NOT require prior authorization. If the chemotherapy drug is NOT part of the capitated agreement and the home care provider will be billing for the product, a prior authorization is necessary.

Q43. If a Prior Authorization was received and the member experienced an adverse reaction to one of the chemotherapy drugs, can drugs be changed without obtaining a new Prior Authorization?

A. Any time a new injectable chemotherapy drug is going to be used, a new authorization is necessary.

Q44. Our patient has had a reaction to one of the injectable chemotherapy drugs that was authorized. Our authorization is still valid and the physician has decided to drop one of the authorized drugs from the regimen. Will this impact our PA?

A. No, if a chemotherapy drug that has been authorized is dropped from a chemotherapy regimen, it will not terminate the authorization. When you want to add a new drug to a regimen, you will need to obtain a new PA.

Clinical

The NCCN uses levels of clinical evidence to support their recommendations.

Q45. If the NCCN lists chemotherapy regimen with a recommendation level 3, will the regimen be eligible for coverage?

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A. Our drug policy, Oncology Medication Clinical Coverage Policy allows coverage for NCCN recommendations 1, 2a and 2b. Regimens with a NCCN recommendation 3 or that are not addressed by the NCCN will require additional clinical information for clinical review. The treating physician will have the opportunity to speak with an CareCore National oncologist if the requested regimen cannot be approved based on submitted information.

Q46. If my patient has a medical contra-indication to an NCCN recommended regimen*, what should I do?

A. You will have the opportunity to submit clinical information to support your decision for a non-NCCN recommended regimen during the PA process. All information will be reviewed by an oncologist prior to a coverage decision being rendered. If additional information is needed to make a coverage decision, we will notify you of specific information needed, and / or schedule a time for a discussion. If we do not hear back from you within 48 hours of notifying you that we need more information, we will review the request with the information provided, which could cause an adverse determination.

Q47. The NCCN does not address pediatric cancers, so what will you use to review requests for injectable chemotherapy regimens for pediatric patients?

A. Requests for outpatient injectable chemotherapy for pediatric patients require PA to be eligible for payment. According to the Oncology Medication Clinical Coverage Policy, UnitedHealthcare will cover all chemotherapy agents for individuals under the age of 19 because the majority of pediatric patients receive treatments on national pediatric protocols that are similar to the NCCN patient care guidelines.

Q48. The NCCN does not address rare adult cancers, so what will you use to review requests for injectable chemotherapy regimens for adults with rare cancers?

A. Requests for outpatient injectable chemotherapy for patients with rare cancers will be reviewed against current peer reviewed published literature and an Care Core National oncologist. During your case submission, we encourage you to provide any clinical information or published documentation that supports your choice of chemotherapy regimen. If an authorization cannot be made based on the information initially submitted, your office will be contacted to submit additional information and / or schedule a discussion. All information will be reviewed by an oncologist prior to a coverage decision being rendered. If additional information is needed to make a coverage decision, we will notify you of specific information needed and ask you to supply the additional information and /or schedule a discussion. If we do not hear back from you within 48 hours, we will review your request using the information provided, which could cause an adverse determination.

Q49. Will the PA website be updated with new chemotherapy injectable drugs and NCCN regimens?

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A. The PA website will be updated frequently with the NCCN changes and newly released chemotherapy agents. During the case entry, you will always have the opportunity to enter chemotherapy drug(s) by the drug name(s).

Q50. How do I enter a drug that has recently received FDA approval and doesn’t have an assigned code?

A. If you do not see the drug listed under the drug regimen list, select “Build a Custom Treatment Plan” and select the specific drug(s) to represent the regimen you propose. A new chemotherapy drug without an assigned J code will be listed four times. Each listing will have one of the unclassified codes (J3490, J3590, J9999 or C9399). Select the drug with the J code your organization will use for billing. For example, if you bill all your chemotherapy drugs that do not have an assigned J code with J9999, select the correct entry that lists the drug name and J9999. The correct "not otherwise classified" code is required for the claim to pay appropriately. If you are unsure what J code will be used during the billing process, select more than one option.

If you do not see the drug listed, you can type in the name of the drug(s).

Q51. The treating physician would like to use levoleucovorin (J0641) instead of leucovorin (J0640). I only see regimens listed with leucovorin (J0640). What should I do?

A. Use the feature “Build a Custom Treatment Plan” and select the drugs the physician has listed for the chemotherapy regimen. To speed up the case review, please include the physician’s reason for requesting levoleucovorin.

Q52. We have obtained PA for an injectable chemotherapy regimen that includes drugs A, B and C for eight months. After three months of treatment, the physician wants to add a new chemotherapy drug (drug D) and continue with drugs A, B and C. Do I need to obtain a new PA?

A. Yes. The addition of a new injectable chemotherapy drug to the treatment regimen requires a new PA. At the time of the new PA request, all prior authorizations will be terminated.

Q53. We had obtained an injectable chemotherapy authorization for palliative care and were granted a 12 month authorization. After seven months of treatment, the member took a six month drug holiday. Do I need to obtain a new PA?

A. Yes, the 12-month PA terminated while the member was on a drug holiday. A new PA would need to be obtained prior to re-starting the chemotherapy regimen.

Q54. Do I need to obtain PA for inpatient chemotherapy?

A. You do not need to obtain separate PA for inpatient chemotherapy because all inpatient admissions already require prior notification. You should follow the standard inpatient admission notification process.

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Q55. Do I need to obtain PA for support care drugs?

A. No, the UnitedHealthcare Injectable Chemotherapy Prior Authorization Program does not require PA for supportive care drugs administered in the outpatient setting. If supportive care drugs are added to this program, you will receive advance notification of the change.

Q56. Do I need to obtain PA for oral chemotherapy agents?

A. No. The UnitedHealthcare Injectable Chemotherapy Prior Authorization Program does NOT require authorization for oral chemotherapy drugs, which are covered under a member’s pharmacy benefit plan.

Members insured under Neighborhood Health Partnership and UnitedHealthcare Community Plan have pharmacy benefits with OptumRx, which does require PA for many of the oral oncology agents.

Members insured with UnitedHealthcare may have OptumRx or a different pharmacy benefit plan (PBM) and may require prior authorization for oral chemotherapy. We recommend you contact the member’s PBM at the number listed on their ID card before prescribing oral chemotherapy agents.

During the PA process you will need to include the oral chemotherapy drugs on the chemotherapy regimen to give us a complete understanding of the chemotherapy regimen you are using to treat the member’s condition.

Q57. If the chemotherapy regimen includes both an oral chemotherapy drug and injectable chemotherapy agents, what steps should I take?

A. During the PA process, provide the name of the chemotherapy regimen or a list of all the chemotherapy drugs [oral and injectable] being given for the clinical review process. UnitedHealthcare’s chemotherapy PA process will authorize the injectable chemotherapy drugs only. We recommend that you contact the member’s PBM prior to prescribing oral chemotherapy medications for authorization.

Q58. Is PA required for ophthalmic uses of Avastin?

A. Yes, for a member insured by Neighborhood Health Partnership and UnitedHealthcare Community Plan, any off label use of a drug requires PA. However, the UnitedHealthcare Injectable Chemotherapy Prior Authorization Program will NOT accept requests for Avastin for ophthalmic uses because the program only reviews drugs when used to treat cancer. For questions on how to obtain PA for ophthalmic uses of Avastin for a UnitedHealthcare Community Plan-insured member or any other drug being used for non-cancer indications, contact the Prior Authorization Department at 866-894-5796 or fax 866-607-5975.

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Member insured by Neighborhood Health Partnership will need referrals for both the specialist visit and for the ophthalmic use of Avastin. Call the number on the back of the member card to discuss your request.

For UnitedHealthcare members, prior authorization is only required when Avastin is prescribed to treat cancer. The use of avastin for ophthalmology conditions will be reviewed using the UnitedHealthcare drug policy “Ophthalmologic Policy - Vascular Endothelial Growth Factor (VEGF) Inhibitors.

**Q59. The patient is going to receive the injectable chemotherapy regimen: AC followed by T with Traztuzamab. Because the first four cycles of chemotherapy only include doxorubicin and cyclophosphomide, should I authorize the entire regimen (all four drugs) or only the drugs used in the first four cycles?**

A. During the authorization process, if the chemotherapy regimen is recommended by the NCCN for the member’s clinical condition, select the entire regimen (AC followed by T with Traztuzamab). The authorization period for all regimens including traztuzumab will be 14 months. Non-traztuzumab adjuvant regimens will be authorized for eight months; metastatic regimens for 12 months. We will provide you with the resulting expiration date for the PA for the chemotherapy regimen. For this example, the authorization would include all four of the chemotherapy agents in the regimen and the time span of the authorization. Any time a new injectable chemotherapy drug is requested, the Prior Authorizations will expire as of the date of the new request.

**Q60. How do I enroll a member in a clinical trial?**

A. UnitedHealthcare Community plan members do not have coverage for participation in clinical trials. Contact Provider Services at 877-842-3210 if you have questions.

For UnitedHealthcare and Neighborhood Health Partnership members, contact Oncology Clinical Trial Review team by:
- Calling 866-936-6002
- Sending a secure email to: cancerresourceservice@optum.com
- Secure fax 855-250-2102

All requests for a clinical trial require review of the clinical trial and also of the member’s coverage document. The coverage document may allow coverage for the clinical trial – covering the costs of routine care, but may exclude costs for the investigational item, device or service. We will inform you in writing of the coverage review outcome.

**Q61. If the member requires treatment with concurrent injectable chemotherapy and intensity modulated radiation therapy (IMRT) or proton beam therapy, what steps should I take?**

A. IMRT or proton beam requires PA. Therefore, for the few patients that may require concurrent chemo-radiotherapy with one of these technologies, you will need to obtain a separate PA for each therapy.

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Q62. Do I need to obtain PA for subcutaneous (SQ) or intra muscular (IM) chemotherapy or hormone injections (e.g., Lupron, Faslodex)?

A. Yes, all injectable chemotherapy drugs administered in an outpatient setting for members with a cancer diagnosis require PA. Injectable hormones with a J9xxx code require prior authorization when used to treat cancer.

63. Do I need to obtain PA for intravesical chemotherapy if the procedure is rendered in an outpatient clinic?

A. Yes, all injectable chemotherapy drugs administered in an outpatient setting for members with a cancer diagnosis require PA.

Q64. If the patient is going to receive injectable chemotherapy and IVIG – can I do one authorization?

A. IVIG requires PA from UnitedHealthcare, therefore, for the few patients who may require both therapies, you will need to obtain a separate PA from each one.

Q65. Does MESMEX (MESNA), J9209 require PA?

A. No, we view MESNA as a prophylaxis treatment to prevent ifosfamide-induced hemorrhagic cystitis and do not require Prior Authorization for the administration of injectable MESNA.

Q66. How will I know if a PA review has been completed?

A. Here is how you can check to see the status of the review:

- Immediately when you request it on online for authorizations that follow NCCN regimens*.
- You will receive a faxed notification.
- On our Physician Portal UnitedHealthcare Online.com under the Notifications / Prior Authorization section. You will need one of the following combinations to complete a search:
  - Ordering physician or rendering provider TIN, enrollee ID and date of birth
  - Ordering physician or rendering provider TIN, enrollee ID and name
  - Ordering physician or rendering provider TIN, enrollee last name, first name, date of birth and state
- On CareCore National’s oncology website: medicaloncologyauthorizations.com. Both ordering physicians and rendering providers can view the authorization in the “Authorization Look Up (Rendering /Ordering)” tab. You will need one of the following combinations to complete a search:
  - Health plan, ordering physician TIN, enrollee ID and date of birth
  - Health plan, rendering provider TIN, enrollee ID and date of birth
  - Health plan, ordering physician TIN and case reference number
  - Health plan, rendering provider TIN and case reference number

Urgent Cases

*Some of the less common cancers addressed by NCCN may not have chemotherapy regimens in the web-based tool at the time of program launch.
Q67. What if outpatient injectable chemotherapy is needed urgently?

A. You may request an urgent review of an injectable chemotherapy regimen if the member meets one of the following criteria:
   - Clinical symptoms that require emergent treatment within 48 hours (Clinic should list symptoms during the authorization process).
   - Member has an aggressive malignancy

Only cases meeting the above urgent criteria will be viewed as urgent. Please call CareCore National at 855-252-1116 to start an urgent case review. Our goal is to review all urgent cases within 24 hours of receipt of all required information. For an urgent review, you will receive both verbal and written communication of the PA determination.

Q68. How do I tell you that a case requires an urgent review?

A. If you have started the outlined injectable chemotherapy Prior Authorization process and are informed the member needs chemotherapy urgently, call CareCore National at 855-252-1116. Cases will be considered medically urgent if they meet the following clinically urgent criteria:
   - Clinical symptoms that require emergent treatment within 48 hours (Clinic should list symptoms during the authorization process).
   - Member has an aggressive malignancy.

Definitions

First Relapse Date: The month and the year the patient had their first evidence of disease progression.

Initial Date of Diagnosis: The month and the year the patient’s physician gave them the cancer diagnosis

Ordering Physician Contact: The contact at the provider office who is responsible for responding to requests for additional information and a possible peer to peer review scheduling. This contact will receive all verbal and written communications, including the final determination letter.
   - Contact phone number: The direct telephone number you want us to use to contact you if we have a question on the submitted information or to schedule a peer to peer call.
   - Contact fax number: The direct fax number you want us to use to fax requests and determination letter.

Ordering / Referring Physician: The referring physician is the specialty physician who has evaluated the member for their cancer and has determined the chemotherapy regimen.

Rendering Provider or Physician: The physician or site where the member will receive their chemotherapy drugs. This should be the same site and tax ID as who will bill for the chemotherapy injections. This field only needs to be completed if the chemotherapy drugs will be billed by a tax ID that is different from the ordering or referring physician.

*Some of the less common cancers addressed by NCCN may not have chemotherapy regimens in the web-based tool at the time of program launch.
Stage of Disease at Initial diagnosis: The stage of disease when the member was first diagnosed with this type of cancer.

Treatment Start Date: Enter the date the member will be receiving their first chemotherapy injection. If the member has already received a dose, enter today’s date. If you do not know the start date for the chemotherapy injections, enter today’s date.

*Some of the less common cancers addressed by NCCN may not have chemotherapy regimens in the web-based tool at the time of program launch.