Radiation Therapy Prostate Cancer Request

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) requests must be submitted by phone.**

Patient/ Member			
	First Name:	Middle Initial:	Last Name:
	DOB *(mm/dd/yyy)*:		Gender: ☐ Male ☐ Female
	Health Plan:		Member ID:

Clinical Information	
	ICD-10 Code(s):
	What is the radiation therapy treatment start date *(mm/dd/yyyy)*?
	eviCore is utilizing a clinical decision support submission model for this diagnosis. Please note that only some of the following example questions will need to be answered during the submission of your prior authorization request. For best results, the answers to these questions should be submitted online.
	Is radiation being delivered as:
	☐ Initial treatment for a newly diagnosed prostate cancer without distant metastatic disease ☐ Post-prostatectomy adjuvant therapy due to adverse pathology without distant metastatic disease ☐ Post-prostatectomy salvage therapy due to recurrence without distant metastatic disease ☐ Palliative therapy (i.e. non-curative therapy to alleviate obstructive symptoms or bleeding) ☐ Other (e.g. Recurrent prostate cancer, Definitive treatment of prostate in the metastatic setting)
	What is/was the patient's risk group (as defined by NCCN®)?
	☐ Very Low-risk (T1c and Gleason <= 6 and PSA under 10 ng/mL and 1-2 Positive Cores with <=50% involvement in each core and PSA density < 0.15 ng/mL/g) ☐ Low-risk (T1-T2a and Gleason <= 6 and PSA under 10 ng/mL) ☐ Favorable Intermediate-risk (T2b-T2c or PSA 10-20 ng/mL; Gleason (3+4) and <50% of cores are positive) ☐ Unfavorable Intermediate-risk (T2b-T2c and/or PSA 10-20 ng/mL; and Gleason (4+3)) ☐ High-risk (T3a or Gleason 8-10 or PSA > 20) ☐ Very High-risk (T3b-T4 or > 4 Cores of Gleason 8-10 or Primary Gleason 5) ☐ Regional (any T, N1, M0) ☐ Distant metastases (i.e. spread to bone)
	If high-risk or very high-risk, will the pelvic lymph nodes be treated? ☐ Yes ☐ No ☐ N/A

Clinical Information

How many fractions will be used for each phase?

Phase 1	Phase 2	Phase 3	Treatment Technique
			3D conformal
			Tomotherapy Direct/3D
			Intensity Modulated Radiation Therapy (IMRT)
			Tomotherapy (IMRT)
			Rotational Arc Therapy
			Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT) (using photons and 3D planning)
			Stereotactic Body Radiation Therapy (SBRT) (using photons and IMRT planning)
			Stereotactic Body Radiation Therapy (SBRT) (using protons and 3D planning)
			Stereotactic Body Radiation Therapy (SBRT) (using protons and IMRT planning)
			Low Dose Rate (LDR) Brachytherapy
			High Dose Rate (HDR) Brachytherapy
			N/A

Will image guided radiation therapy (IGRT) be used for treatment? ☐ Yes ☐ No ☐ N/A

Please be prepared to submit consult note, results of imaging from the past 60 days and radiation prescription or clinical treatment plan in order to expedite the review process. Failure to provide all relevant information may result in a delay.

Additional Comments/Information: