



Radiation Therapy Small Cell Lung 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/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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.
	What is the treatment intent?
	<input type="checkbox"/> Curative, No surgery planned or performed <input type="checkbox"/> Curative, Post-operative (adjuvant) <input type="checkbox"/> Curative, Pre-operative (neo-adjuvant) <input type="checkbox"/> Curative, Treatment of the primary in an oligometastatic setting <input type="checkbox"/> Palliative (to alleviate symptoms) <input type="checkbox"/> Prophylactic cranial irradiation (PCI)
	If treatment intent is <u>not</u> Post-operative, what is the stage of the lung cancer at the time of original diagnosis?
	<input type="checkbox"/> IA or IB <input type="checkbox"/> IIIB <input type="checkbox"/> IIA (T2b N0) <input type="checkbox"/> IIIC <input type="checkbox"/> IIB <input type="checkbox"/> IV or Extensive stage <input type="checkbox"/> IIIA <input type="checkbox"/> Loco-regional Recurrence
	If No surgery planned or performed and IIIC, what has been the response to chemotherapy?
	<input type="checkbox"/> Complete response (CR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> No response or stable disease <input type="checkbox"/> Progressive disease
	If PCI and IV or Extensive Stage, what has been the response to treatment of the primary tumor?
<input type="checkbox"/> Complete response (CR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> No response or stable disease <input type="checkbox"/> Progressive disease	

Clinical Information

If PCI and not IV or Extensive stage or Loco-regional recurrence, what has been the response to chemoradiation?

- Complete response (CR)
- Partial response (PR)
- No response or stable disease
- Progressive disease

How many fractions will be used for each phase?

Phase 1	Phase 2	Phase 3	Treatment Technique
			Conventional isodose planning, complex
			3D conformal
			Intensity Modulated Radiation Therapy (IMRT)
			Tomotherapy (IMRT)
			Rotational Arc Therapy
			Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT)
			Biology-guided Radiation Therapy (BgRT)
			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:

