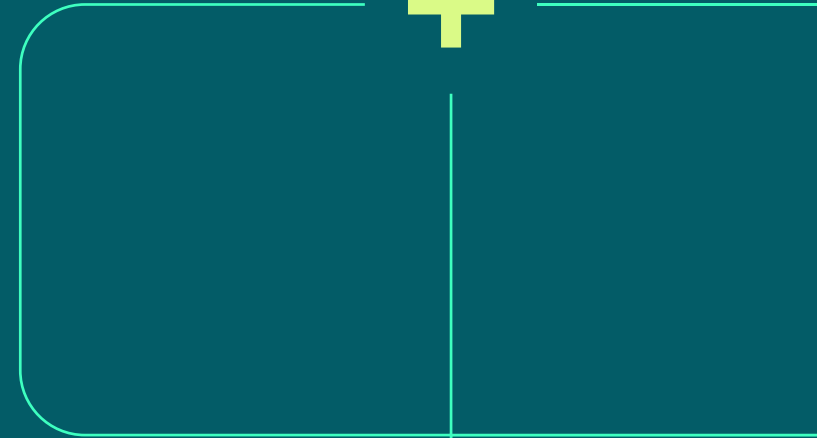


1199 SEIU

# Medical Oncology Provider Orientation



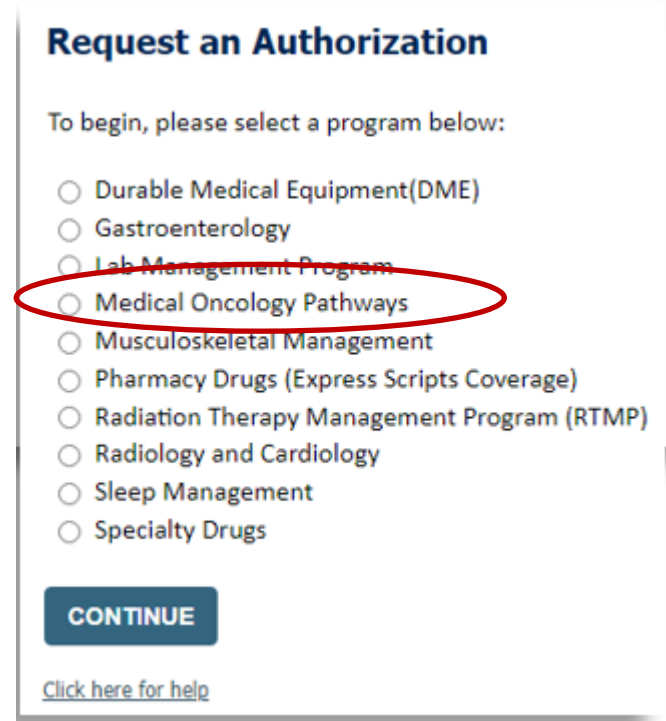
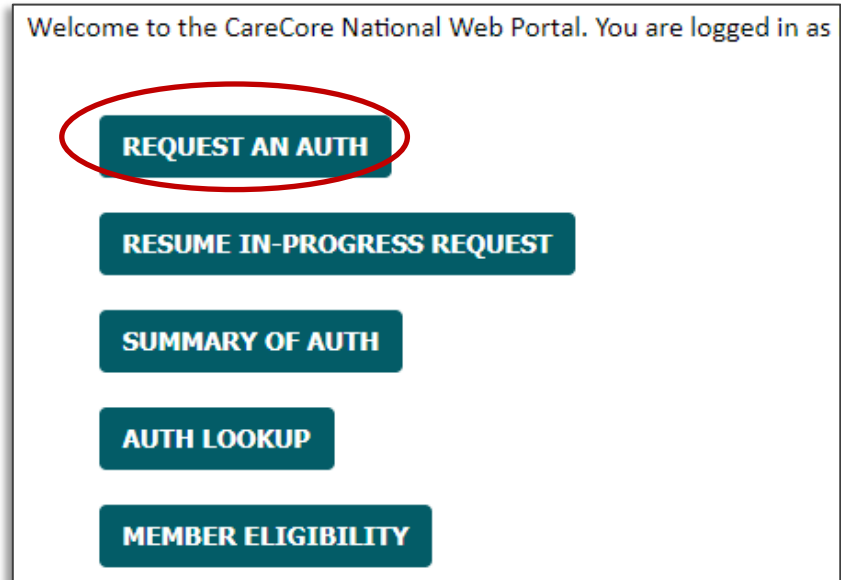
# Provider Experience

# Provider Experience – Case Submission

The screenshot displays the EviCore healthcare portal interface. At the top left, the EviCore logo is accompanied by the text "By EVERNORTH". A navigation menu includes links for "About", "Solutions", "Patients", "Providers' Hub", "Insights", and "Careers". On the right side of the header, there is a "PROVIDERS:" section with a checked status for "Check Prior Authorization Status" and a "Login" button. Below the header is a large banner image featuring three healthcare professionals (two women and one man) in a clinical setting, with the text "About EviCore" overlaid. On the right side of the banner, a white login form is visible, containing fields for "User ID" and "Password", each with a "Forgot" link. Below the fields are checkboxes for "I agree to HIPAA Disclosure" and "Remember User ID", a "LOGIN" button, and a "Don't have an account? Register Now" link.

Providers will log in through the EviCore healthcare portal

# Initiating a Case



- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.
- Choose **Medical Oncology Pathways** as the Program

# Provider Experience – Case Submission

**Attention!**

The Medical Oncology Pathways program option is specific to cancer treatment. If you are requesting review of a specialty drug for any non-oncologic diagnosis, please select Specialty Drugs for eviCore managed members or contact the number on the back of the member's ID card for additional information.

OK

Confirm the request is for Medical Oncology.

# Provider Experience – Case Submission

## Requesting Provider Information

Select the ordering provider for this authorization request.

Your account currently has no active providers. Please use the search feature below to add providers to your account and proceed with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

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	Provider
<input type="button" value="SELECT"/>	1063644797 - BELICENA, MARIA THERESA
<input type="button" value="SELECT"/>	1275548018 - BERGQUIST, SHARON
<input type="button" value="SELECT"/>	1386733871 - SHERMAN, WILLIAM
<input type="button" value="SELECT"/>	1588812242 - SMITH, DAVID
<input type="button" value="SELECT"/>	1396862892 - STAPLES, SUZANNE

The Office user will select the treating physician from their pre-populated affiliated physician list.

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# Provider Experience – Case Submission

## Choose Your Insurer

Requesting Provider: BELICENA, MARIA THERESA, NPI 1063644797

Please select the insurer for this authorization request.

Please Select a Health Plan ▼  
Please Select a Health Plan  
1199 BENEFIT FUNDS

BACK

CONTINUE

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Select the patient's health plan.

# Provider Experience – Case Submission

## Choose Your Insurer

Requesting Provider: BELICENA, MARIA THERESA, NPI 1063644797

Please select the insurer for this authorization request.

BACK

CONTINUE

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Take note of any important messages and confirm the provider address.

# Provider Experience – Case Submission

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

[Click here for help](#)

carriers.carecorenational.com says

Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan.

OK

Contact information is confirmed or entered to ensure smooth communication of the determination or to request additional information as needed.

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# Provider Experience – Case Submission

## Patient Eligibility Lookup

### New Patient Registration

Member ID  
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

**SEARCH** **CANCEL**

### Current Patients

Filter by Physician  
All Providers ▼

 (type to f...)

User or provider has no patients ▲

New patients are registered or current patients are selected from the drop down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click “Yes” to continue.

### New Patient Registration

Provider: 1063644797 - BELICENA, MARIA THERESA  
Health Plan: PLAN-X  
Member ID: 53038510101  
Date of Birth: 3/20/1971  
Name: VACCA, DARYL  
City, State: Verona, NJ

**Do you want to continue with this patient?**

# Provider Experience – Case Submission

**Attention!**

Patient ID: 6428032324 Time: 1/24/2024 2:28 PM  
Patient Name: HAGEDORN, POLLY

Please provide the patient's best contact number including area code.

**SUBMIT**

Provide the patient's best contact number. Click "submit" to continue.

# Provider Experience – Case Submission

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

## Clinical Certification

**NADINE DELAET**      **6/13/1987**  
354 NUOVO RD                      Age: 36  
CHESTNUT HILL, MA 02467      Male

CIGNA ID 250251652

**NEW REVIEW**

### Reviews

Date	Physician	Case #	Cancer Type	Therapy	Treatment	Status			
1/29/2024	BELICENA, MARIA	1184813089	Undetermined	Primary	Undetermined	Expired			<b>VIEW HISTORY</b>

Click to view clinical information, Jcodes, and expiration date.

# Provider Experience – Case Submission

**Attention!**

Patient ID : 8504027002 Time: 3/4/2019 2:02 PM  
Patient Name: Lulu Marcell

What is the anticipated start date of treatment?  MM/DD/20YY

Enter:  
Start Date of Treatment  
Take note of important message  
describing CHEMO and SPORT.

**Attention!**

**CHEMO – Chemotherapy:** Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.

**SPORT – Supportive:** Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

# Provider Experience – Case Submission

## Requested Service + Diagnosis

This procedure will be performed on 1/26/2024.

[CHANGE](#)

### Medical Oncology Pathways

Select a Procedure by CPT Code[?] or Description[?]

CHEMO

Don't see your procedure code or type of service? [Click here](#)

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

### Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

	Diagnosis Code	Description
<a href="#">SELECT</a>	153.1	Malignant neoplasm of transverse colon
<a href="#">SELECT</a>	153.2	Malignant neoplasm of descending colon
<a href="#">SELECT</a>	153.3	Malignant neoplasm of sigmoid colon

## Requested Service + Diagnosis

This procedure will be performed on 1/26/2024.

[CHANGE](#)

### Medical Oncology Pathways

Select a Procedure by CPT Code[?] or Description[?]

CHEMO

Don't see your procedure code or type of service? [Click here](#)

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

### Diagnosis

Primary Diagnosis Code: **153.1**

Description: **Malignant neoplasm of transverse colon**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

*Secondary diagnosis is optional for Medical Oncology Pathways*

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

Select ICD10 by entering code or description.  
Select "Continue".

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# Provider Experience – Case Submission

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 1/26/2024  
**Medical Oncology Pathways:** CHEMO  
**Description:** CHEMOTHERAPY  
**Primary Diagnosis Code:** 153.1  
**Primary Diagnosis:** Malignant neoplasm of transverse colon  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

**BACK**

**CONTINUE**

[Click here for help](#)

### Attention!

Will treatments be billed under the same TIN as the ordering provider?

Yes

No

- Confirm the information entered or use the 'change' links to go back and make corrections as needed.
- Answer if treatments will be billed under the same TIN as the ordering provider.

**EviCore**

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# Provider Experience – Case Submission

## Add Site of Service

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name. You may also search by zip code. You may also search by city. You may also search by state. You may also search by zip code. You may also search by city. You may also search by state. You may also search by zip code. You may also search by city. You may also search by state.

NPI:

Zip Code:

TIN:

City:

Distinct rendering site or facility can be entered if needed.  
Multiple lookup options are available.  
Network logic can be applied as needed.

LOOKUP SITE

	Name	Address
<input type="button" value="SELECT"/>	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34613
<input type="button" value="SELECT"/>	BELICENA MARIA	10065 CORTEZ BLVD BROOKSVILLE, FL 34613
<input type="button" value="SELECT"/>	BELICENA MARIA	10065 CORTEZ BLVD BROOKSVILLE, FL 34613
<input type="button" value="SELECT"/>	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34613

BACK

## Add Site of Service

Selected Site: **BELICENA MARIA**

Site Email (optional)

An email can be submitted for communication if desired.

# Provider Experience – Case Submission

**Attention!**

Please ask the caller to provide a Fax number in order to proceed with the selection. Did the caller provided a number?

**YES**   **NO**

**Attention!**

If the caller did not provide any number, click on Unknown. Otherwise enter the Phone/Fax number and click on Submit

Fax: \*

**SUBMIT**   **UNKNOWN**

Provide fax number if known.

# Provider Experience – Case Submission

## Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.

<b>Provider Name:</b>	DR. MARIA BELICENA	<b>Contact:</b>	B
<b>Provider Address:</b>	11375 CORTEZ BLVD BROOKSVILLE, FL 34613	<b>Phone Number:</b>	(352) 596-4660
		<b>Fax Number:</b>	(555) 555-5555
<b>Patient Name:</b>	NADINE DELAET	<b>Patient Id:</b>	250251652
<b>Insurance Carrier:</b>	CIGNA		
<b>Site Name:</b>	BELICENA MARIA	<b>Site ID:</b>	NPLIKQ
<b>Site Address:</b>	10065 CORTEZ BLVD BROOKSVILLE, FL 34613		
<b>Primary Diagnosis Code:</b>	153.1	<b>Description:</b>	Malignant neoplasm of transverse colon
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	1/31/2024	<b>Description:</b>	CHEMOTHERAPY
<b>CPT Code:</b>	CHEMO		
<b>Case Number:</b>	1184813089		
<b>Review Date:</b>	1/29/2024 12:26:26 PM		
<b>Expiration Date:</b>	N/A		
<b>Status:</b>	The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

Continue if “Summary” looks correct.

**EviCore**

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# Provider Experience – Case Submission

## Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

After answering the clinical question(s) on each screen you will need to hit the "Submit" button. For all of the clinical questions you must hit "Submit" before exiting the system. You will be asked to attest to the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

**Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.**

BACK

CONTINUE

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click 'Continue to proceed to the clinical review.

# Provider Experience – Case Submission

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Answer if the request is “Routine/Standard”. If no, select “Urgency Indicator”.

## Proceed to Clinical Information

### Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient’s ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

# Provider Experience – Case Submission

## Proceed to Clinical Information

Indicate the Cancer Type:

Other (specify)

view (similar to Production) or

ses

uest.

- Anal
- Bladder
- Bone
- Brain and Spinal Cord Tumors (CNS Tumors)
- Breast
- Breast Cancer Risk Reduction
- Cervical Cancer
- Cholangiocarcinoma
- Colon/Rectal Cancer
- Endometrial Cancer
- Ewing's Sarcoma
- Gallbladder Cancer
- Gastric/Esophageal Cancer
- Gastrointestinal Stromal Tumors (GIST)
- Gestational Trophoblastic Neoplasia (GTN)
- Hairy Cell Leukemia
- Head and Neck Cancers
- Hepatoblastoma
- Hepatocellular (Liver) Cancer

Please click Submit

SUBMIT

Finish Later

Did you know?  
You can save a certification request to finish later.

CANCEL


The Clinical pathways begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available and an "Other" option is included for rare cancers not addressed by NCCN.

The request can also be completed at a later time.

# Provider Experience – Case Submission

Exclusions are confirmed.

## Proceed to Clinical Information

 Please select all of the following that apply:

- The patient is participating in a clinical trial that includes cancer treatment drugs
- The treatment will be administered inpatient
- This request is for a Stem Cell Transplant conditioning regimen
- The requested drug is being used to treat a condition other than cancer
- CAR-T Therapy
- None of the above

SUBMIT

# Provider Experience – Case Submission

## Proceed to Clinical Information

**i** Please select the Place of Service for this request:

- Off Campus-Outpatient Hospital
- Office
- On Campus-Outpatient Hospital
- Outpatient Home

**SUBMIT**

Confirm Place of Service.

# Provider Experience – Case Submission

## Proceed to Clinical Information

Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?

Yes  No

SUBMIT

## Proceed to Clinical Information

Has the disease persisted, progressed or recurred?

Yes  No

SUBMIT

## Proceed to Clinical Information

Most recent entry for this patient: None

What is the histology of the cancer?

- Papillary carcinoma
- Follicular carcinoma
- Oncocytic cell carcinoma
- Medullary carcinoma
- Anaplastic carcinoma

SUBMIT

## Proceed to Clinical Information

Enter the month and year of initial diagnosis in the format mm/yyyy. If the month is not known enter "00" for MM.

SUBMIT

The office user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in drop down or click selection to allow for quick entry and structured data for reporting and analysis.

# Provider Experience – Case Submission

## Proceed to Clinical Information

The National Comprehensive Cancer Network® (NCCN®) believes that the best management for any patient with cancer is in a clinical trial and that participation in clinical trials is especially encouraged. In some situations, trial participation may not be included in the patient's benefit plan design.

The following list represents potential treatment clinical trial matches in active and open enrollment status for this patient based on a search of the National Cancer Institute's (NCI) clinical trial database using the information gathered in this prior authorization request.

Trials are sorted in order of proximity between the patient's ZIP code and the nearest participating provider. This search result is limited to a maximum of 50. Please visit the NCI website [www.cancer.gov](http://www.cancer.gov) if you would like to expand your search. By default, the following search result is filtered to Phase 2 and 3 clinical trials. You may customize the search result to particular states and clinical trial phases using the filters below.

If you would like more information on any of the clinical trials displayed, select the clinical trial(s) of interest, using the checkbox on the left and click "SUBMIT" to have more information sent to you. You may also click on the corresponding Trial ID and a new browser window will open with more information on that trial.

If you do not wish to receive more information on any clinical trials, click "SUBMIT" to continue without selecting any of the checkboxes.

*If your patient's tumor contains a genetic abnormality, the MATCH (NCT02465060) and TAPUR (NCT02693535) clinical trials offer investigational targeted drug therapies for a wide variety of cancers.*

Links

- [MATCH](#)
- [TAPUR](#)



SUBMIT

All NCCN recommended treatments are displayed. This can be modified to display a filtered list based on level of evidence or other factors at Cigna's request.

# Provider Experience – Case Submission

All NCCN recommended treatments are displayed. This can be modified to display a filtered list based on level of evidence or other factors at Cigna's request.

## Proceed to Clinical Information

The treatment options listed below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted. Febrile Neutropenia and Emetic Risk are sourced from the NCCN Guidelines and supplemented by supporting literature.

By selecting an NCCN regimen you will be granted an immediate authorization.\* If a Pathway regimen is not selected, a peer consultation with an eviCore Medical Director may be required.

\*Other policies may apply in select situations.

You will be given the ability to select biosimilar products – when available – after first selecting your regimen below.

Select Treatment Option:

	Regimen	Pathway	Febrile Neutropenia Risk	Emetic Risk
<input type="radio"/>	VAIA: (Vincristine + Doxorubicin (alternating with Dactinomycin + Ifosfamide + mesna)	<input type="checkbox"/>	High	High
<input type="radio"/>	VDC/IE (Vincristine + Doxorubicin HCL + Cyclophosphamide + Ifosfamide + Etoposide)	<input type="checkbox"/>	High	High
<input type="radio"/>	VIDE (Vincristine + Ifosfamide + Doxorubicin HCL (or Dactinomycin) + Etoposide)	<input type="checkbox"/>	High	High
<input type="radio"/>	Build a Custom Treatment Plan (May Require Additional Clinical Review)			

SUBMIT

*The system is designed to managed injectable chemotherapy only or injectable + oral chemotherapy  
This will be decided as part of the program design conversation.*

# Provider Experience – Case Submission

## Proceed to Clinical Information

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide administration schedule and select "SUBMIT" to continue to the next screen.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug that will be billed with a miscellaneous code, please select "Other" and provide a treatment regimen.

### Drug List:

- 5-Fluorouracil (Adrucil, 5FU, 5FU, Adrucil)
- 5FU (5-Fluorouracil)
- 5FU (5-Fluorouracil)
- Abemaciclib - oral (Verzenio)
- Abiraterone Acetate - oral (Zytiga, Zytiga)
- Abiraterone Acetate - oral (Zytiga, Zytiga), Yonsa
- Abraxane (Paclitaxel (albumin-bound))
- Abraxane (Paclitaxel (albumin-bound))
- Abraxane (Paclitaxel (albumin-bound))
- Abraxane (Paclitaxel (albumin-bound))
- Acalabrutinib - oral (Calquence, Calquence)
- Actemra (Tocilizumab)
- Actimmune (Interferon, gamma-1b)
- Adagrasib - oral (Krazati)
- Adcetris (Brentuximab Vedotin)
- Ado-Trastuzumab Emtansine (Kadcyla)
- Adriamycin (Doxorubicin HCL)
- Adrucil (5-Fluorouracil)
- Adrucil (5-Fluorouracil)

- Lynparza (Olaparib - oral)
- Lynparza (Olaparib - oral)
- Lytgobi (Futibatinib - oral)
- Lytgobi (Futibatinib - oral)
- Margenza (Margetuximab-cmkb)
- Margetuximab-cmkb (Margenza)
- Mekinist (Trametinib - oral)
- Mekinist (Trametinib - oral)
- Mekinist (Trametinib - oral)
- Mektovi (Binimetinib - oral)
- Mektovi (Binimetinib - oral)
- Melphalan HCL - inj (Alker
- Melphalan HCL (Evomela)
- Methotrexate (accord)
- Midostaurin - oral (Rydapt)
- Mirvetuximab Soravtansin
- Mitomycin (Jelmyto)
- Mitomycin (Mutamycin, M
- Mitoxana (Ifosfamide)

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop down list and the user has the opportunity to attach or enter supporting information for the request.

### Proceed to Clinical Information

Is there any additional clinical information you would like to submit at this time?

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
  - Attach documentation to case
- If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Click 'Submit' if you have no additional clinical information to add at this time.

Enter supporting Clinical Information in the field below:

You may attach up to 5 documents no larger than 5 MB each (25 MB total). Click "Browse" to select the document from your desktop or other network location.

Allowable file formats:

.DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF, .TXT

Attach a document:

Choose File No file chosen

# Provider Experience – Case Submission

## Proceed to Clinical Information

**i** Patient height in inches:

**i** Patient weight in pounds:

**SUBMIT**

## Proceed to Clinical Information

Please confirm the clinical information provided below is correct and click "submit" to complete your request.

**SUBMIT**

## Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

**SUBMIT CASE**

[Click here for help](#)

Continue answering additional questions and confirm it is accurate.

# Provider Experience – Case Submission

## Summary of Your Request

Please review the details of your request below and if you need to make any changes, click the [EDIT](#) button.

Your case has been APPROVED.

The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opt in for email notifications.

Review  
“Summary of  
your Request”

Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment. No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

<b>Provider Name:</b>	DR. MARIA BELICENA	<b>Contact:</b>	B
<b>Provider Address:</b>	11375 CORTEZ BLVD BROOKSVILLE, FL 34613	<b>Phone Number:</b>	(555) 555-5555
		<b>Fax Number:</b>	(555) 555-5555
<b>Patient Name:</b>	MARSHA COLETRANE	<b>Patient Id:</b>	U25153824
<b>Insurance Carrier:</b>	CIGNA		
<b>Site Name:</b>	REX HOSPITAL INC	<b>Site ID:</b>	OOL22K
<b>Site Address:</b>	850 S MAIN ST HOLLY SPRINGS, NC 27540		
<b>Primary Diagnosis Code:</b>	C50.412	<b>Description:</b>	Malignant neoplasm of upper-outer quadr
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	2/2/2024	<b>Drug(s):</b>	PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NO
<b>HCPSC Code(s):</b>	J9267, Q5114		
<b>Authorization Number:</b>	A200580140		
<b>Review Date:</b>	1/30/2024 1:59:59 PM		
<b>Expiration Date:</b>	4/2/2025		
<b>Status:</b>	Your case has been APPROVED. The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opt in for email notifications. Thank you.		

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

EviCore

By EVERNORTH

# Provider Experience – Case Submission - Supportives

## Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been APPROVED.

The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

<b>Provider Name:</b>	DR. MARIA BELICENA	<b>Contact:</b>	B
<b>Provider Address:</b>	11375 CORTEZ BLVD BROOKSVILLE, FL 34613	<b>Phone Number:</b>	(555) 555-5555
		<b>Fax Number:</b>	(555) 555-5555
<b>Patient Name:</b>	MARSHA COLETRANE	<b>Patient Id:</b>	U25153824
<b>Insurance Carrier:</b>	CIGNA		
<b>Site Name:</b>	REX HOSPITAL INC	<b>Site ID:</b>	OOL22K
<b>Site Address:</b>	850 S MAIN ST HOLLY SPRINGS, NC 27540		
<b>Primary Diagnosis Code:</b>	C50.412	<b>Description:</b>	Malignant neoplasm of upper-outer quadrant of left female breast
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	2/2/2024	<b>Drug(s):</b>	PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NOV-ONXOL), TRASTUZUMAB-DKST (OGIVIRI)
<b>HCPCS Code(s):</b>	J9267, Q5114		
<b>Authorization Number:</b>	A200580140		
<b>Review Date:</b>	1/30/2024 1:59:59 PM		
<b>Expiration Date:</b>	4/2/2025		
<b>Status:</b>	Your case has been APPROVED. The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

The next few slides will provide guidance on requesting Supportive Drugs

“Request for Supportive” drugs can be initiated here.

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

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# Provider Experience – Case Submission - Supportives

**Attention!**

**CHEMO – Chemotherapy:** Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.

**SPORT – Supportive:** Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

OK

Read through attention messages to confirm request.

# Provider Experience – Case Submission - Supportives

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 1/31/2024  
**Medical Oncology Pathways:** SPORT  
**Description:** SUPPORTIVE THERAPIES  
**Primary Diagnosis Code:** C11.1  
**Primary Diagnosis:** Malignant neoplasm of posterior wall of nasopharynx  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

If “Request Supportives” is selected, a new case is started and the user is dropped on this screen to complete a supportive drug request.

The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case. Click Continue to proceed to the clinical portion of the request

# Provider Experience – Case Submission - Supportives

**Attention!**

Will treatments be billed under the same TIN as the ordering provider?

Indicate if treatments will be billed under same tax id number as ordering provider.

# Provider Experience – Case Submission - Supportives

## Proceed to Clinical Information

1 Indicate the Cancer Type:

Colon/Rectal Cancer

SUBMIT

## Proceed to Clinical Information

1 Which class of drugs do you intend to treat with?

Antiemetic agents

Other supportive agents (such as erythropoiesis-stimul

SUBMIT

## Proceed to Clinical Information

1 Indicate the requested supportive agent:

Bevacizumab (Alymsys)  
Bevacizumab (Mvasi)  
Bevacizumab (Vegzelma)  
Bevacizumab (Zirabev)  
Burosumab (Crysvita)  
Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS  
Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS  
Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE  
Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE  
Denosumab (Prolia)  
Denosumab (Xgeva) MONTHLY  
Denosumab (Xgeva) MONTHLY and DAY 8, 15  
Dronabinol (Syndros) Oral Solution  
Eflapegrastim-xnst (Rolvedon)  
TIMES PER WEEK  
ONCE EVERY 2 WEEKS  
ONCE EVERY 3 WEEKS  
WEEKLY  
TIMES PER WEEK

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple supportive drugs are needed a separate request must be entered for each drug.

# Provider Experience – Case Submission

## Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Request does not contain any drugs managed for this member under this program.

Provider Name:  
Provider Address:

[Redacted]

Contact:  
Phone Number:  
Fax Number:

The summary screen confirms that status and details of the request.

Patient Name:  
Insurance Carrier:

[Redacted]

Patient Id:

Site Name:  
Site Address:

[Redacted]

Site ID: 684GQZ

Primary Diagnosis Code: C00.0

Secondary Diagnosis Code:

Date of Service: 2/2/2024

CPT Code: CHEMO

Case Number: 1184814046

Review Date: 1/30/2024 10:21:35 AM

Expiration Date: N/A

Status: Request does not contain any drugs managed for this member under this program.

Description: Malignant neoplasm of external upper lip

Description:

Description: CHEMOTHERAPY

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

Additional supportive requests can be submitted using the "Request Supportives" button at the bottom right

[Click here for help](#)

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