

Keystone Mercy Health Plan Office Administered Chemotherapy Coverage Determination Form

Please fax to PerformRx at 215-937-5018 or to speak to a representative call 800-588-6767

Form must be completed for processing

Please Attach Any Needed Documentation

www.performrx.com

<p>Patient Name: _____ Member ID# _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____</p> <p>DOB: ____/____/____ Height _____ Phone: _____</p> <p>BSA: _____ Weight _____ Primary ICD-9 code: _____</p> <p>Diagnosis in Words: _____</p> <p>Specific Therapy Regimen (ex. FOLFOX): _____</p> <p>Additional Information: _____</p>	<p>Prescriber Name: _____ NPI: _____</p> <p>Practice Name: _____ Provider ID# _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____</p> <p>Contact Name: _____ Phone: _____ Fax: _____</p> <p>Prescriber Signature: _____ Date: _____</p> <p>Deliver to Prescribers office <input type="checkbox"/></p> <p>Deliver to other location: _____</p>
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Premedications	STRENGTH /FREQUENCY	DATE OF SERVICE	Chemotherapy/Adjuvant Agents	STRENGTH /FREQUENCY	DATE OF SERVICE
cimetidine			Eribitux [®]		
ranitidine			Etopophos [®] (etoposide phosphate)		
Antiemetics			etoposide		
Aloxi [®]			fluorouracil		
Anzemet [®]			Gemzar [®]		
granisetron			Herceptin [®]		
ondansetron			Hycamtin [®]		
diphenhydramine			ifosfamide		
dexamethasone			irinotecan		
Chemotherapy/Adjuvant Agents			leucovorin		
Abraxane [®]			methotrexate		
amifostine			mitomycin		
Avastin [®]			paclitaxel		
bleomycin			pamidronate		
carboplatin			oxaliplatin		
cisplatin			Rituxan [®]		
cyclophosphamide			Taxotere [®]		
cytarabine			vinblastine		
dacarbazine			vincristine		
Doxil [®]			vinorelbine		
doxorubicin hcl			Zometa [®]		
HYDRATION:			OTHER:		
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Please complete the specific authorization forms for ESA's and/or White Blood Cell Stimulators*