

Magellan Rx Management
PO Box 1459
Maryland Heights, MO 63043

Magellan Rx
MANAGEMENT

Date: September 26, 2017 9:02 AM
To: ORANGE REGIONAL MEDICAL CENTER
RE: Notification of your request
Pages: 1 of 4 (including cover)

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MRM Std fax cover sheet
Imp. 7/18/2009; rev 3/1/2011, 12/21/2015, 6/22/2016

Emblem Health
Magellan Rx Management
PO Box 1459
Maryland Heights, MO 63043



MagellanRx
MANAGEMENT

September 26, 2017 9:02 AM

ORANGE REGIONAL MEDICAL CENTER
707 E MAIN ST
MIDDLETOWN NY 10940-2650

This is your copy of the letter sent to GREGORY S FREEMAN on September 26, 2017

Approval Letter

Member Name:	Gregory S Freeman
Member Number:	17905335
Authorization Number:	17262E0005
Dates of Services:	September 24, 2017 to March 22, 2018
Ordering Provider:	Dr. Arvind G Kamthan
Type of Service:	Injectable
Type of Review:	Prospective
Type of Plan:	HMO
Plan Name:	HIP
Underwriting Entity:	HIP Health Plan of New York (HIP)
Requested Medication:	Herceptin (trastuzumab)

Dear Gregory S Freeman:

HIP Health Plan of New York (HIP), contracts with Magellan Rx Management to review certain medication requests for HIP members. Magellan Rx Management reviews clinical information on behalf of HIP Health Plan of New York (HIP) to determine if the treatment is medically necessary.

At HIP Health Plan of New York (HIP), we make every effort to provide you with access to a wide range of quality health care services for your needs. Approval for a treatment or service is based on some important conditions.

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EH-Onco Auth
Implemented: 6/1/2012

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This letter is an approval of the request for Herceptin (trastuzumab) from the provider listed in this letter. You have chosen an in-network provider and will not be responsible for any payments beyond your applicable in-network cost-sharing requirements for this service(s).

Prior approval number: 17262E0005
 Timespan of prior approval: September 24, 2017 to March 22, 2018

Procedure Code	Description
J9355	Herceptin (trastuzumab)

Procedure or Service	Approved From	Approved To	# of Requested Services	Quantity Approved	Type
J9355	September 24, 2017	March 22, 2018	13	13	Injectable

Additional services beyond those authorized (approved) above are subject to review and approval by Magellan Rx Management. Authorization is provided according to your HMO contract. Additional services may be subject to cost-sharing requirements and benefit limitations. Providers may obtain prior approval by entering a request via Magellan Rx Management's website: ih.magellanrx.com; or by calling Magellan Rx Management at 1-800-424-4084 Monday – Friday 8am-6pm EST. TTY/TDD users, call 711.

This approval (authorization) is based on medical necessity and applies only to the specific provider and service(s) shown above. Neither the approval nor this letter guarantee payment. You must be an HIP Health Plan of New York (HIP) member at the time of service. Payment is subject to all terms, limits and exclusions of your plan at the time you receive the services. Examples of limits and exclusions include cost-sharing amounts (such as copayments, deductibles and coinsurance) and service maximums (such as day and/or visit limits).

If you have any questions about this authorization, please call Magellan Rx Management at 1-800-424-4084 Monday – Friday 8am-6pm EST. TTY/TDD users, call 711. Refer to the prior approval number shown above.

Best in health,

Dr. Marci Chodroff
 Internal Medicine
 Clinical Operations Department

Magellan Rx Management

cc: Dr. Arvind G Kamthan
ORANGE REGIONAL MEDICAL CENTER