

Patient Name: ron	System ID: 16952	Subscriber ID#:
FCR Title:	MD Generic Medication Form Caspofungin Medication billed on IZ: CASPOFUNGIN ACETATE 5 MG	
Determination:	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY <input type="checkbox"/> MODIFY <input type="checkbox"/> UPHOLD Remarks (if needed for approval):	
Determination		
<input type="checkbox"/>	A Physician Advisor has reviewed the information provided and that the requested service(s) would not be covered as medically necessary. <i>(EOB JLK MD Not Medically Necessary)</i>	
<input type="checkbox"/>	A Physician Advisor has reviewed the information provided and determined by national standards as investigational or experimental and therefore, is not covered. <i>(EOB J5X MD determined that the service or item is identified by national standards as investigational or experimental and therefore is not covered.)</i>	
Clinical Rationale:		
Medical Necessity or Investigational/Experimental		
<input type="checkbox"/>	The patient's condition does not meet the criteria for the use of for the treatment of as established by scientific evidence. There are not enough quality medical studies showing better outcomes or safety than standard care which is covered. <input type="checkbox"/> UpToDate https://www.uptodate.com/home <input type="checkbox"/> Hayes, Inc https://www.hayesinc.com/ <input type="checkbox"/> Food and Drug Administration https://www.fda.gov/Drugs/default.htm <input type="checkbox"/> National Comprehensive Cancer network, (NCCN) https://www.nccn.org/ <input type="checkbox"/> Other:	
<input type="checkbox"/>	The medical need for has not been established following review of the documentation submitted. Please submit the supporting documentation: <input type="checkbox"/> Doctors' progress notes <input type="checkbox"/> Doctors' Orders	

	<input type="checkbox"/> Admitting History and Physical report <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Operative Report and Implant Log <input type="checkbox"/> Other
Quantity	
<input type="checkbox"/>	<p>The quantity of the following medication(s) does not conform to the usual clinical practice nor manufacturer's recommendations.</p> <p>The criteria or resource used in making this decision is:</p> <p><input type="checkbox"/> UpToDate https://www.uptodate.com/home</p> <p><input type="checkbox"/> Hayes, Inc https://www.hayesinc.com/</p> <p><input type="checkbox"/> Food and Drug Administration https://www.fda.gov/Drugs/default.htm</p> <p><input type="checkbox"/> National Comprehensive Cancer network, (NCCN) https://www.nccn.org/</p> <p><input type="checkbox"/> Other:</p>
Other	
<input type="checkbox"/>	<input type="checkbox"/>