

Request Status



Your Authorization Request Has Been Approved

Your authorization request number is SC003246505. If you need to add a new chemotherapy drug, supportive care drug, or a new chemotherapy regimen, you will need to submit a new authorization request.

|                      |             |                          |            |
|----------------------|-------------|--------------------------|------------|
| Authorization Status | Approved    | Authorization Start Date | 04-07-2022 |
| Authorization Number | SC003246505 | Authorization End Date   | 10-07-2022 |

| Drug Name | Drug Code   | Authorization Status |
|-----------|-------------|----------------------|
|           | 00069029301 | Approved             |

Member Information

|               |            |               |                      |
|---------------|------------|---------------|----------------------|
| Full Name     | JOHN SMITH | Subscriber ID | 1016498401           |
| Gender        | Male       | Group ID      | PAI2000              |
| Date of Birth | 01-09-1941 | Relationship  | Subscriber/Recipient |

Requesting Provider

| Provider Details      |                                    | Point of Contact    |              |
|-----------------------|------------------------------------|---------------------|--------------|
| Provider First Name   | THOMAS                             | Full Name           | Test         |
| Provider Last Name    | SMITH                              | Phone Number        | 555-555-5555 |
| Provider TIN          | 247757770                          | Fax Number          | 555-555-5555 |
| Provider NPI          | 1174919963                         | Email               |              |
| Provider Address      | PO BOX 635061, CINCINNATI OH 45263 | Communication Type  |              |
| Provider Phone Number | 555-555-5555                       | Request Received by | Phone        |
| Provider Fax Number   | 555-555-5555                       |                     |              |
| Provider Email        |                                    |                     |              |
| Provider Cell Phone   |                                    |                     |              |

Servicing Provider

Same as requesting provider

Request Details

Patient Details

**Height of the Patient** 55 in

**Weight of the Patient** 55 lbs

**Patient Contact Number** 555-555-5555 **Ext.** 6

Clinical Details

**Primary Cancer** Gastrointestinal Stromal Tumors (GISTs)

**Supportive Care Only Request** Yes

**What is the Drug Category?** White Blood Cell Growth Factors

**What is the Drug Name?** NIVESTYM SOLN 300.0 MCG/ML

Service Details

**Initial Diagnosis Date** 04-2022

**Place of Service** Office

**Backdating Start Date?** No

**Authorization Start Date** 04-07-2022

**ICD-10 Code** C49.A1 - Gastrointestinal stromal tumor of esophagus

**Performance Scale**

Clinical Status

Please select indication for the White Blood Cell Colony Stimulating Factor (CSF)?

Bone marrow/stem cell transplant



**\*Reminder: Responses to questions must accurately reflect the member's medical record, and are subject to monitoring at any time. If an audit determines that false answers were provided during the authorization process, your facility may be responsible for repayment of any associated claims. Please attest that you are able to provide medical records that support the information provided in this authorization request.**

Continue

Please choose indication from list below:

Mobilization of hematopoietic progenitor cells in combination with plerixafor in the autologous setting for patients with non-Hodgkin lymphoma or multiple myeloma

Supportive Drug

| Drug Code   | Drug Name                  | Drug Route   | Dosage     | Day(s) of Cycle to be Administered | Length of Cycles (Days or weeks) |  Benefit Type | Cost Savings Programs  |
|-------------|----------------------------|--------------|------------|------------------------------------|----------------------------------|--|--|
| 00069029301 | Nivestym Soln 300.0 Mcg/ml | Subcutaneous | 300 MCG/ML | 1                                  | 1 day                            | Medical  |  |

Treatment End Date 10-07-2022

Clinical Documentation

Is it an Urgent Request? No

The authorization provided is not a guarantee of payment to the provider. Payment is based on the patient's benefit plan and eligibility when the services are received.

Back to Dashboard

