

# Cancer Guidance Program MBMnow



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# Overview and Login

## |4| Overview

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### *Developed in coordination with providers*

- Developed with insights from a team of 10+ board-certified oncologists, hematologists, and internal medicine medical directors; five specialty pharmacists; 60+ registered nurses with experience as complex case managers, oncology care, or specialty drug administration
- Already contracted to support authorizations for 23M+ members

### *Access the tool via the AR/OMN Portal*

- No need to get a new Prior Authorization in the tool as historical authorizations will be loaded
- < 10 minutes for most authorizations
- Oncology decision support based on appropriate clinical criteria
- Regimen-level PA approval

## |5| Accessing MBMnow

Access the OMN/AR Portal and click the link for MBMNow, which will be available after the program goes live on December 8

Exit Portal

**Patient Information**

**PCP Reporting**

**Contact Us**  
(877) 370-2845

**Clinical Practice Guidelines**

**Welcome, Rosa Flores!**

Welcome to the OptumCare provider portal. The portal is your entry point to securely access patient and administrative information. At any point you may exit the portal to return to the OptumCare website where you can access additional forms and resources and use the provider referral lookup tool.

**A one-time systemic payment processing error resulted in duplicate payments being issued via Electronic Funds Transfer on September 10, 2020. This matter is presently under review for remediation.**

[Click here to view 2020 Prior Authorization Codes](#)

See tutorials below for Referral and Prior Authorization process for both Primary Care and Specialist providers

[PCP](#)  
[Specialist](#)

**Please note that a specialist cannot submit a referral.** If the member needs to see an additional specialist you must redirect the member back to the PCP. You may continue to manage prior authorization and referrals assigned to you via the provider portal.

Referrals are required for all specialty care except for the specialties listed below:

- Behavioral health(Optum Behavioral Health)
- Chiropractic, PT, OT, ST(Optum Physical Health)
- Obstetrics and gynecology(OB / GYN)
- Vision care providers(Superior Vision)

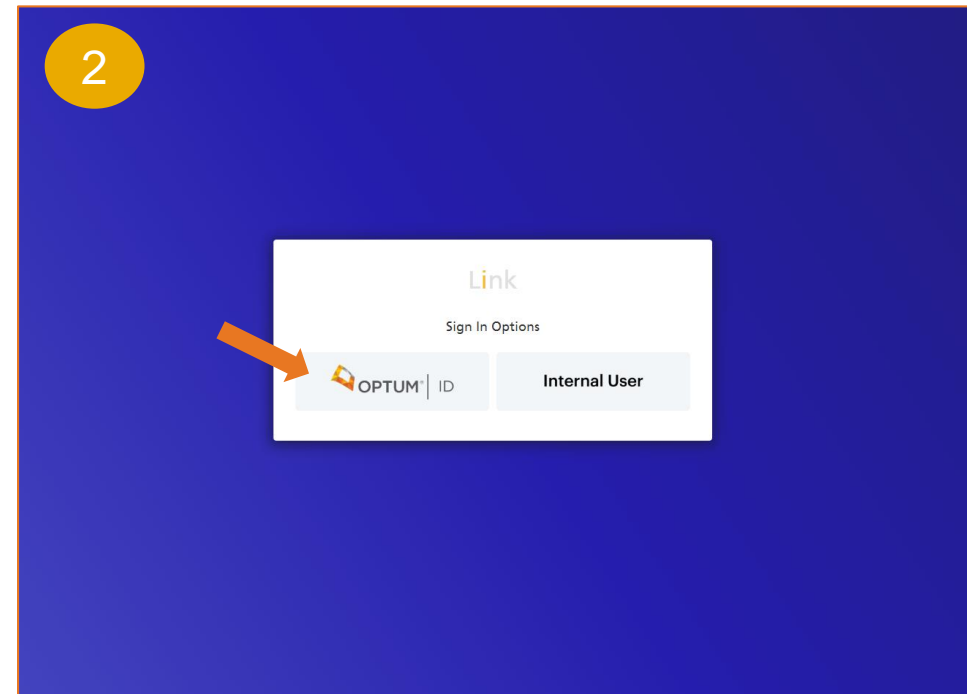
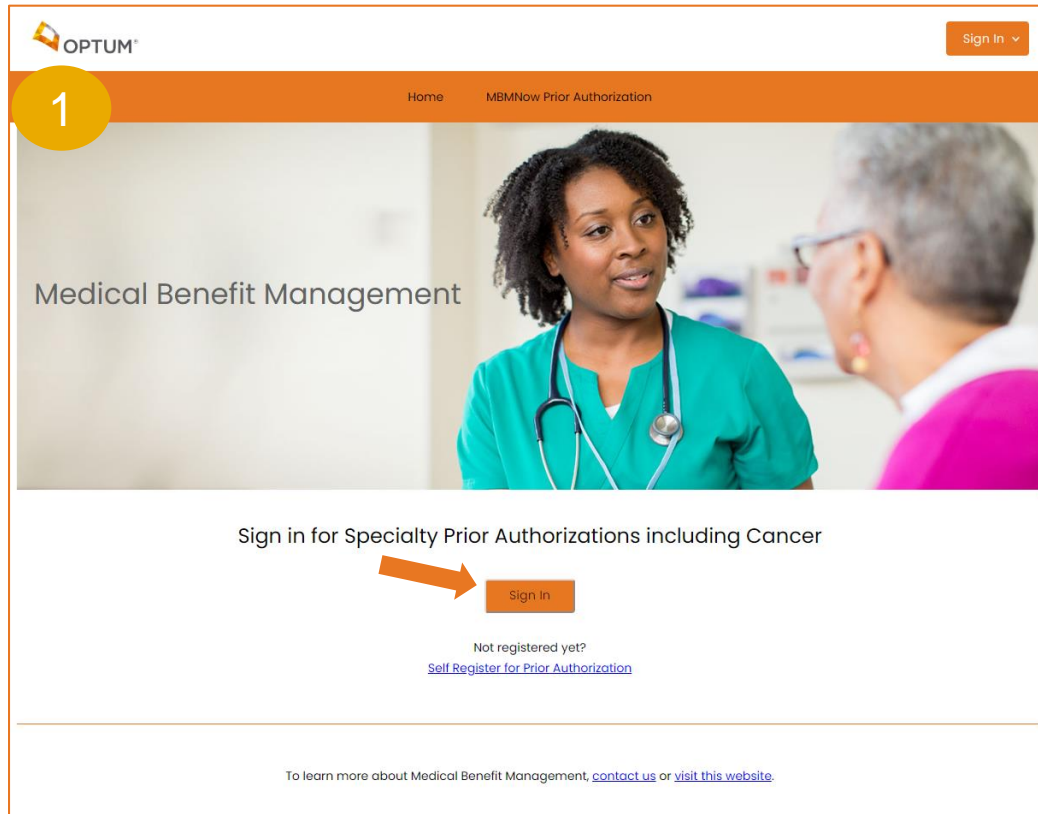
If you have any questions, please call the OptumCare Service Center at 1-877-370-2845 or [Click here to view the policy](#)

**My Account**

- [Change Password](#)
- [Change Profile](#)
- [Provider Resources](#)
- [Logoff](#)

# |6| Login

Once you have clicked the link on the OMN/AR Portal, you will arrive at the sign in page for MBMNow



# |7| Login

3

Sign In With Your Optum ID

Optum ID or email address

Password

[Sign In](#)

[Forgot Optum ID](#) | [Forgot Password](#)

Additional options:  
[Create an Optum ID](#)  
[Manage your Optum ID](#)  
[What is an Optum ID?](#)

4

OPTUM®

Home MBMNow Prior Authorization

**MBM for Optum Care**  
Medical Benefit Management for Optumcare offers an integrated suite of benefit management services.

[Launch Application](#)

# Creating Authorization Requests



# |9| Dashboard

The dashboard is the first screen once logged in

## It will show two sections:

1. Draft Prior Authorization Requests
2. Submitted Prior Authorization Requests

## Providers will have options to:









1. Create a New Request
2. Update and Finalize a Draft Request
3. Attach files to pending requests

This tool is only for outpatient injectable chemotherapy, therapeutic radiopharmaceuticals, and specific supportive care drugs. This tool is not used for cancer drugs that are requested and/or administered as part of Home Health or Inpatient care. Oral Chemo agents covered under Medicare Part D need to be approved through the member's pharmacy benefit manager (PBM). Please contact the number on the member's insurance card for more information.

### Draft Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)





Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator
 					
 					
 					
 					

### Submitted Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)

Displaying your 10 most recently submitted requests

Actions	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Provider	Servicing Provider
 								
								
								









# |10| Dashboard



This tool is only for outpatient injectable chemotherapy, therapeutic radiopharmaceuticals, and specific supportive care drugs. This tool is not used for cancer drugs that are requested and/or administered as part of Home Health or Inpatient care. Oral Chemo agents covered under Medicare Part D need to be approved through the member's pharmacy benefit manager (PBM). Please contact the number on the member's insurance card for more information.

## Draft Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)

Displaying your 10 most recently updated draft authorization requests






Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator
 					
 					
 					
 					




   
Open or delete  
draft authorization



## Submitted Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)

Displaying your 10 most recently submitted requests

Actions	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Provider	Servicing Provider
  								
 								
 								

    
Clone, view or modify a  
pending authorization

   
Clone or view an  
approved authorization

# |11| Creating a new request

### Draft Prior Authorization Requests

+ Create New Request View All

Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator
	871600				

### Submitted Prior Authorization Requests

+ Create New Request View All

Displaying your 10 most recently submitted requests

Actions	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting	Processing
	SC000228597							

Clicking “Create New Request” opens the member search screen

### Member Search

\* Required

First Name

Last Name \*

Date of Birth \*  
mm-dd-yyyy

Subscriber / Member ID \*

Group ID

Show:  
 Active Members Only  
 All Members

### Members

Actions	First Name	Last Name	Date of Birth	Subscriber ID	Group ID	Organization
Please Provide Search Criteria.						

# |12| Performing a Member Search

To create a new request, perform a member search to initiate the process

You will need the following to search:

1. Last name
  2. Date of birth
  3. Subscriber/member ID
- Required fields will be marked with an \*
  - The ability to filter member searches by:
    - Active members only
    - All members

The screenshot displays the 'Member Search' interface. On the left, there are input fields for 'First Name', 'Last Name \*', 'Date of Birth \*' (with a calendar icon), 'Subscriber / Member ID \*', and 'Group ID'. Below these is a 'Show:' section with radio buttons for 'Active Members Only' (selected) and 'All Members'. At the bottom are 'Search' and 'Clear' buttons. On the right, the breadcrumb 'Home > Authorization > Member Search' is visible above the 'Members' table header. The table has columns for 'Actions', 'First Name', 'Last Name', 'Date of Birth', 'Subscriber ID', 'Group ID', and 'Organization'. The table body contains the text 'Please Provide Search Criteria.'

# |13| Requesting Provider

## Complete the requesting provider information

The requesting provider is the provider requesting the authorization.

- You will see what step you of the authorization process you are on
- Some of the requesting provider information will be pre-populated based on existing account information.
- Other required fields will be marked with an \*
- Once all required fields are populated you can either save draft or click continue

The screenshot shows a multi-step process for entering provider information. At the top, a progress bar indicates the current step is 'Requesting Provider', which is highlighted with a green circle. Other steps include 'Servicing Provider', 'Request Details', 'Clinical Status', 'Regimens', and 'Request Summary'. The main form area is titled 'Requesting Provider' and includes a '\* Required' indicator and a 'Change provider' link. The form is divided into two columns: 'Provider Details' and 'Point of Contact'. The 'Provider Details' column contains fields for 'Provider First Name', 'Provider Last Name', 'Provider NPI', 'Provider TIN', 'Provider Address', 'Provider Phone Number \*', 'Provider Fax Number \*', 'Provider Email', and 'Provider Cell Phone'. The 'Point of Contact' column contains fields for 'Full Name \*', 'Phone Number \*', 'Fax Number \*', 'Email', and 'Communication Type'. The 'Communication Type' section has radio buttons for 'Phone' (selected) and 'Fax'. At the bottom of the form, there are 'Save Draft' and 'Continue' buttons.

# |14| Servicing Provider

## Complete the servicing provider information

If the servicing provider is different from the requesting provider and is the provider that will be completing the service, you can add their information here:

- You will see what step you of the authorization process you are on
- Some of the requesting servicing provider information will be pre-populated based on existing account information.
- Other required fields will be marked with an \*
- Once all required fields are populated you can either save draft or click continue

### Servicing Provider

Is the requesting provider the same as the servicing provider?

### Servicing Provider Search

\* Required

Physician  Facility

Search by  Physician Name + State/ZIP  TIN and/or NPI

First Name  Last Name \*  State \*  Zip

TIN	NPI	First Name	Last Name	Address	Payer
Please Provide Search Criteria.					

# |15| Request Details

Complete information related to the patient

There are three sections to fill out:

1. Patient Details
  2. Service Details
  3. Clinical Details
- All required fields will be marked with an \*
  - Once all required fields are populated you can either save draft or click continue

The screenshot shows a web-based form titled "Request Details" within a multi-step process. The progress bar at the top indicates that the first two steps, "Requesting Provider" and "Servicing Provider", are completed, while "Request Details" is the current step. The form is organized into three columns: "Patient Details", "Service Details", and "Clinical Details".

**Patient Details:**

- Height of the Patient \* (70 in)
- Weight of the Patient \* (150 lbs)
- Patient Contact Number \* (555-555-5555)

**Service Details:**

- Initial Diagnosis Date \* (10-2020)
- Place of Service \* (Outpatient Facility)
- Backdating Start Date? (checkbox)
- Authorization Start Date \* (11-09-2020)
- ICD-10 Code \* (C22.0 - Liver cell carcinoma)
- Performance Scale (Select)

**Clinical Details:**

- Primary Cancer \* (Hepatobiliary Cancer (includes Liver, C))
- Chemotherapy Clinical Trial \* (No)
- Has Disease Progressed or Relapsed? \* (No)
- New or Continuation of Treatment? \* (New Treatment)

At the bottom of the form, there are three buttons: "Back", "Save Draft", and "Continue".

# |16| Clinical Status

Complete information related to the specific patient condition

Progress bar: Requesting Provider (checked), Servicing Provider (checked), Request Details (checked), **Clinical Status** (active), Regimens (unchecked), Request Summary (unchecked)

Pancreatic Adenocarcinoma

### Clinical Status

[Show Answers](#) | [Hide Answers](#)

\* Required

What was the stage at initial diagnosis? \*

What is the treatment indication or disease status? \*

What is the MSI/MMR status? \*

Does the member have a known BRCA 1/2 or PALB2 Mutation? \*

What is the NTRK gene fusion status? \*

What is the ECOG performance status? \*

What is the line of therapy? \*



# |17| Regimens

After clinical information is inputted, regimens will be offered for selection

Requesting Provider   Servicing Provider   Request Details   Clinical Status   **Regimens**   Request Summary

Hepatobiliary Cancer (inclu...)

### Regimens

Learn about this icon

Expand All | Collapse All   Export (PDF)   Print   Drug Pronunciation

1	<input type="radio"/> ▶ Gemcitabine 1000 mg/m2 / Cisplatin 25-30 mg/m2 ⓘ	Pathway Regimen
2	<input type="radio"/> ▶ Gemcitabine 1000 mg/m2 / Cisplatin 70 mg/m2 ⓘ	Pathway Regimen
3	<input type="radio"/> ▶ Capecitabine ⓘ	
4	<input type="radio"/> ▶ Capecitabine / Cisplatin ⓘ	
5	<input type="radio"/> ▶ Capecitabine / Oxaliplatin ⓘ	
6	<input type="radio"/> ▶ Entrectinib ⓘ	

# |18| Regimens – Pathways program information

Clicking on the “Learn about this icon” link will bring you to additional information about the Pathways program

Requesting Provider   Servicing Provider   Request Details   Clinical Status   **Regimens**   Request Summary

Hepatobiliary Cancer (Inclu...)

Regimens with this icon are part of the Cancer Therapy Pathways Program.  
More information about the program can be found at the prior authorization program page.

Learn about this icon

Expand All | Collapse All   Export (PDF)   Print

✓ Gemcitabine 1000 mg/m2 / Cisplatin 25-30 mg/m2   Pathway Regimen

Febrile Neutropenia Risk	Emetic Risk	Authorization Duration
NCCN Not Specified	Days 1 and 8: High	12 months

# |19| Regimens

Expand each regimen to view details

Requesting Provider  Servicing Provider  Request Details  Clinical Status  **Regimens**  Request Summary

### Regimens

Expand All | Collapse All [Biosimilars Explained \(PDF\)](#) [Export \(PDF\)](#) [Print](#)

▼ CAPEOX (Capecitabine 850-1000 mg / m2 / Oxaliplatin)

Febrile Neutropenia Risk	Emetic Risk	Authorization Duration
	Day 1 Moderate Days 2-15 Oral Low / Minimal	9 months

Drug Name	Drug Code	Drug Route	Dosage	Day(s) of Cycle to be Administered	Length of Cycles (Days or weeks)
Injection Oxaliplatin 0.5 Mg	J9263	Intravenous	130mg / m2	day 1	21 day cycle
Capecitabine Oral 150 Mg	J8520	Oral	850-1000mg / m2	Days 1-15	21 day cycle
Capecitabine Oral 500 Mg	J8521	Oral	850-1000mg / m2	Days 1-15	21 day cycle

▶ FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan)

▶ FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan) + Bevacizumab

# |20| Regimens – Use Details

Clicking on the “i” next to the regimen provides additional information about the regimen

The screenshot shows a progress bar with six steps: Requesting Provider, Servicing Provider, Request Details, Clinical Status, Regimens, and Request Summary. The 'Regimens' step is currently active. Below the progress bar, the patient's condition is listed as 'Hepatobiliary Cancer (inclu...'. A table of regimens is displayed, with the first row highlighted. An orange arrow points from the information icon (i) in the first row to a modal window titled 'Other Regimen Use Details'. The modal window contains the following text:

**Other Regimen Use Details**

**Gemcitabine 1000 mg/m2 / Cisplatin 25-30 mg/m2**

NCCN Recommended Uses for Extrahepatic Cholangiocarcinoma: Adjuvant Therapy •for resected disease with negative margins (R0) and negative regional nodes, carcinoma in situ at margin, positive margins (R1) or positive regional nodes •following fluoropyrimidine chemoradiation for resected disease with positive margins (R1) or positive regional nodes •followed by fluoropyrimidine chemoradiation for resected disease with positive margins (R1) or positive regional nodes NCCN Recommended Uses for Extrahepatic Cholangiocarcinoma: Subsequent treatment for progression on or after systemic treatment for unresectable or metastatic disease NCCN Recommended Uses for Extrahepatic Cholangiocarcinoma: Primary treatment for unresectable or metastatic disease NCCN Recommended Uses for Gallbladder: Treatment for resected disease •for negative margins (R0) and negative regional nodes, or carcinoma in situ at margin •for positive margins (R1) or positive regional nodes •following fluoropyrimidine chemoradiation for positive margins (R1) or positive regional nodes •followed by additional fluoropyrimidine chemoradiation for positive margins (R1) or positive regional lymph nodes NCCN Recommended Uses for Gallbladder: Consider as neoadjuvant chemotherapy for locoregionally advanced disease (big mass invading liver and/or nodal disease, including cystic duct node positive) or resectable disease with jaundice NCCN Recommended Uses for Gallbladder: Primary treatment for unresectable or metastatic disease NCCN Recommended Uses for Gallbladder: Subsequent treatment for progression on or after systemic treatment for unresectable or metastatic disease NCCN Recommended Uses for Intrahepatic Cholangiocarcinoma: Adjuvant Therapy •for resected disease with no residual local disease (R0 resection), microscopic margins (R1) or positive regional nodes •following fluoropyrimidine-based chemoradiation for resected disease with microscopic margins (R1) or positive regional nodes •followed by fluoropyrimidine-based chemoradiation for resected disease with microscopic margins (R1) or positive regional nodes NCCN Recommended Uses for Intrahepatic Cholangiocarcinoma: Primary treatment for unresectable or metastatic disease NCCN Recommended Uses for Intrahepatic Cholangiocarcinoma: Subsequent treatment for progression on or after systemic treatment for unresectable or metastatic disease

# |21| Regimens – Additional Information

Progress bar: Requesting Provider (checked), Servicing Provider (checked), Request Details (checked), Clinical Status (checked), **Regimens** (active), Request Summary (unchecked).

### Regimens

Expand All | Collapse All

[? Biosimilars Explained \(PDF\)](#) [Export \(PDF\)](#) [Print](#)

CAPEOX (Capecitabine 850-1000 mg / m2 / Oxaliplatin)

Febrile Neutropenia Risk	Emetic Risk	Authorization Duration
	Day 1 Moderate Days 2-15 Oral Low / Minimal	9 months

Drug Name	Drug Code	Drug Route	Dosage	Day(s) of Cycle to be Administered	Length of Cycles (Days or weeks)
Injection Oxaliplatin 0.5 Mg	J9263	Intravenous	130mg / m2	day 1	21 day cycle
Capecitabine Oral 150 Mg	J8520	Oral	850-1000mg / m2	Days 1-15	21 day cycle
Capecitabine Oral 500 Mg	J8521	Oral	850-1000mg / m2	Days 1-15	21 day cycle

FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan)

FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan) + Bevacizumab

If the regimens available include ones with Biosimilars, an FAQ will be available explaining them.

You also will have the ability to export or print a PDF of the regimens available to the patient

# |22| Regimens

Regimens without the Pathway icon will require a request reason justification

Requesting Provider | Servicing Provider | Request Details | Clinical Status | **Regimens** | Request Summary

**Regimens** [Learn about this icon](#)

Expand All | Collapse All [Export \(PDF\)](#) [Print](#)

- (Fluorouracil Continuous Infusion / Leucovorin / Irinotecan / Oxaliplatin (FOLFIRINOX)) Pathway Regimen
- Fluorouracil Continuous Infusion / Leucovorin / Irinotecan / Oxaliplatin (modified FOLFIRINOX) Pathway Regimen
- Gemcitabine / Albumin-bound Paclitaxel Pathway Regimen
- Capecitabine (850 mg/m<sup>2</sup>) with Concurrent Radiation
- Fluorouracil Continuous Infusion with Concurrent Radiation

**Selected Regimen Not Part of Pathway Program** ✕

The regimen you have selected is not part of the Cancer Therapy Pathway Program. In order to proceed, please provide the following information:

All fields required.

**Reason for choosing this regimen**

Select

- Select
- Continuation of ongoing therapy
- Contraindication to pathway regimen
- Patient has already received all of the pathway regimens
- Patient preference
- Regimen selected is less toxic than pathway regimens
- Regimen selected is more targeted for the patient's cancer
- Other

**Continue** **Cancel**

# |23| Regimens

To select the desired regimen, click the circle next to it

Requesting Provider   Servicing Provider   Request Details   Clinical Status   **Regimens**   Request Summary

### Regimens

Expand All | Collapse All   [Export \(PDF\)](#)   [Print](#)   [Drug Pronunciation](#)

CAPEOX (Capecitabine 850-1000 mg / m2 / Oxaliplatin)

Febrile Neutropenia Risk	Emetic Risk	Authorization Duration
	Day 1 Moderate Days 2-15 Oral Low / Minimal	9 months

Drug Name	Drug Code	Drug Route	Dosage	Day(s) of Cycle to be Administered	Length of Cycles (Days or weeks)
Injection Oxaliplatin 0.5 Mg	J9263	Intravenous	130mg / m2	day 1	21 day cycle
Capecitabine Oral 150 Mg	J8520	Oral	850-1000mg / m2	Days 1-15	21 day cycle
Capecitabine Oral 500 Mg	J8521	Oral	850-1000mg / m2	Days 1-15	21 day cycle

FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan)

FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan) + Bevacizumab

# |24| Request Summary

Review your request details, edit where needed and submit your request

### Request Summary

[Export \(PDF\)](#) [Print](#)

---

**Member Information**

Full Name	Subscriber ID
Gender	Group ID
Date of Birth	Relationship

---

**Requesting Provider** [Edit Details](#)

---

**Provider Details**

Provider First Name	Full Name
Provider Last Name	Phone Number
Provider TIN	Fax Number
Provider NPI	Email
Provider Address	Communication Type
Provider Phone Number	Request Received by
Provider Fax Number	
Provider Email	
Provider Cell Phone	

---

**Servicing Provider** [Edit Details](#)

Same as requesting provider

---

**Request Details** [Edit Details](#)

Request details can be printed or exported

Request details can be edited as needed



# |25| Authorization Approval

Providers having selected a regimen that meets the clinical criteria will receive an auto-approved authorization confirmation

## Request Status

[Export \(PDF\)](#) [Print](#)



### Your Authorization Request Has Been Approved

Your authorization request number is **12345566**. 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.

<b>Authorization Status</b>	<b>Approved</b>	<b>Authorization Start Date</b>
<b>Authorization Number</b>	<b>123456789</b>	<b>Authorization End Date</b>

# Creating a Custom Regimen

## |27| Creating a Custom Regimen

If the patient requires a custom regimen, one is available on the regimen page

15	<input type="radio"/>	▶ Gemcitabine / Oxaliplatin (21 Day Cycle) ⓘ
16	<input type="radio"/>	▶ Gemcitabine / Oxaliplatin (28 Day Cycle) ⓘ
17	<input type="radio"/>	▶ Gemcitabine 1000 mg/m2 / Capecitabine 650 mg/m2 ⓘ
18	<input type="radio"/>	▶ Gemcitabine 1000 mg/m2 / Capecitabine 750 mg/m2 ⓘ
19	<input type="radio"/>	▶ Gemcitabine 900 mg/m2 / Oxaliplatin 80 mg/m2 (Modified) - 21 Day Cycle ⓘ
20	<input type="radio"/>	▶ Larotrectinib ⓘ
21	<input type="radio"/>	▶ Pembrolizumab ⓘ
22	<input type="radio"/>	▶ Gemcitabine ⓘ

## |28| Creating a Custom Regimen

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Or if the answers on the Clinical Status page indicate chemotherapy isn't supported, the user will be required to submit a custom request

### Regimens

We either can't return regimens associated with your request and/or our clinical guidelines indicate that injectable chemotherapy is not supported based on the selections you've made. Please click "Create Custom Regimen" if you would still like to request chemotherapy.

[Back](#) [Save Draft](#) [+ Create Custom Regimen](#)

## |29| Creating a Custom Regimen

A provider choosing to create a custom regimen will add the requested drugs

Once the drugs are added, the provider will also need to:

- Add a regimen justification
- Add any supporting clinical documentation
- Indicate whether the request is Urgent

If the custom regimen is complete, they can click continue. Otherwise, they have the option to Save Draft.

Providers can also export this page as PDF and/or print the page

### Custom Regimen

\* Required

[Export \(PDF\)](#) [Print](#)

#### Regimen Drugs

Actions	Drug Code	Drug Name	Drug Route	Dosage	Day(s) of Cycle to be Administered	Length of Cycles (Days or weeks)
Please add drug(s) to the regimen						

[+ Add Drug](#)

Regimen Justification

1000 characters remaining

Add Clinical Documentation [Select Files](#)

Maximum file size: 50MB.  
Limit of files per upload: 15.  
Accepted formats: .txt, .doc, .docx, .xls, .xlsx, .ppt, .pptx, .pdf, .png, .jpg, .jpeg, .tif, .tiff  
The following file formats will be converted to .pdf: .doc, .docx, .xls, .ppt, .pptx, .tif, .tiff  
Please wait until all files are uploaded to be able to submit the authorization request

Is it an Urgent Request?  Yes [i](#)

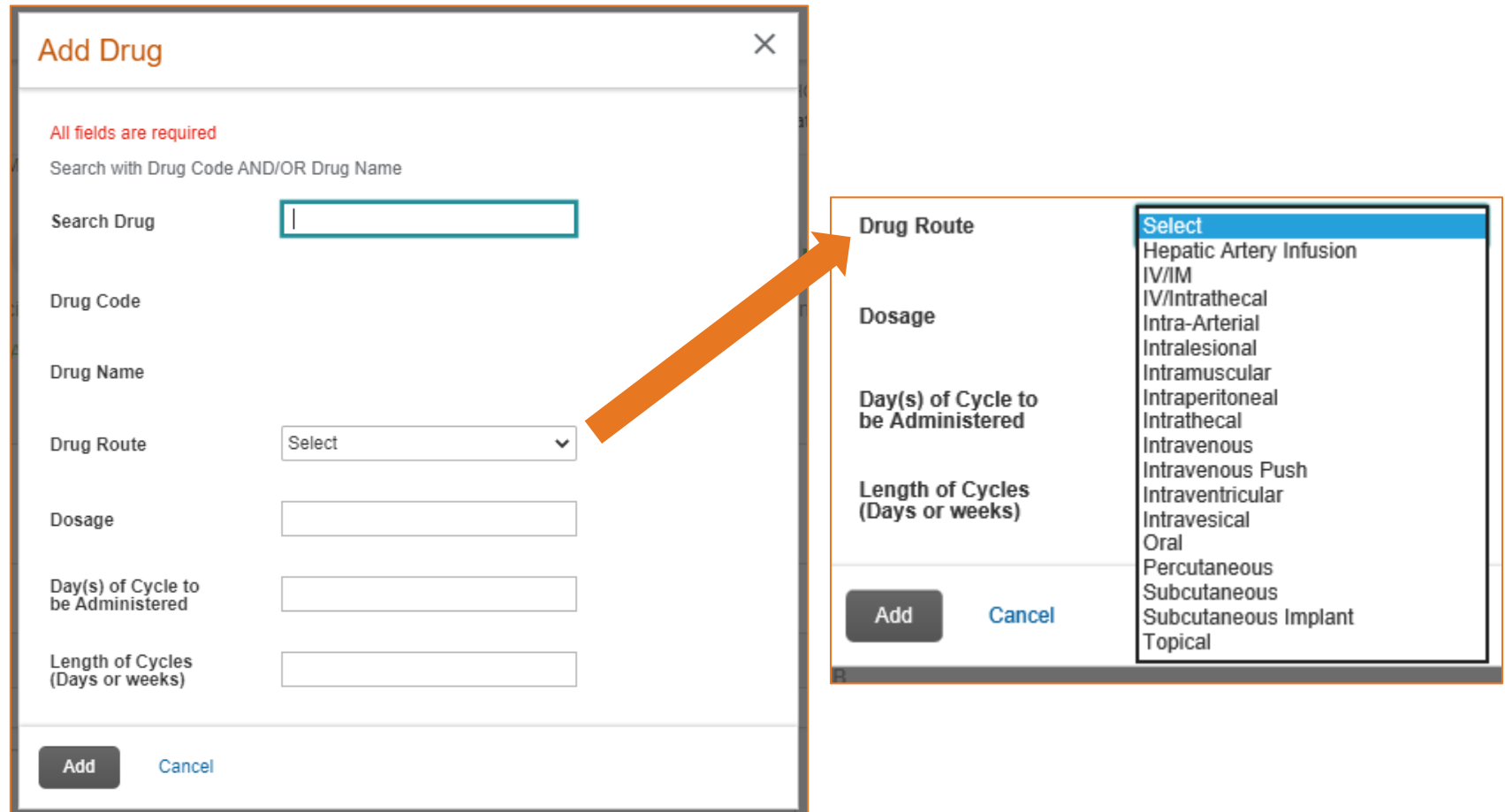
[Back](#) [Save Draft](#) [Continue](#)

## |30| Creating a Custom Regimen – Adding Drugs

To add a drug to a custom regimen, click the “Add Drug” link, then this screen will appear

Fill in the appropriate fields:

- Drug Code
- Drug Name
- Drug Route
- Dosage
- Da(s) of Cycle to be Administered
- Length of Cycles (Days or weeks)



The screenshot shows the 'Add Drug' form with the following fields and options:

- Search Drug:** A text input field with a cursor.
- Drug Code:** A text input field.
- Drug Name:** A text input field.
- Drug Route:** A dropdown menu with 'Select' as the current selection. An orange arrow points to this dropdown, which is expanded to show a list of options: Select, Hepatic Artery Infusion, IV/IM, IV/Intrathecal, Intra-Arterial, Intralesional, Intramuscular, Intraperitoneal, Intrathecal, Intravenous, Intravenous Push, Intraventricular, Intravesical, Oral, Percutaneous, Subcutaneous, Subcutaneous Implant, and Topical.
- Dosage:** A text input field.
- Day(s) of Cycle to be Administered:** A text input field.
- Length of Cycles (Days or weeks):** A text input field.

At the bottom of the form, there are 'Add' and 'Cancel' buttons.



## |32| Marking a Request as Urgent

If your request is urgent, you will have the ability to mark it once you have finished building the custom regimen.

Is it an Urgent Request?  Yes ⓘ



Is it an Urgent Request?  Yes ⓘ

Expedited Request for Urgent Case

1. Expedited review requests made by a physician or consumer or anyone on the consumer's behalf will meet expedited timeframe requirements specified by the more stringent/restrictive of applicable accreditation, state/federal law, contract or government program requirements, when the request is for an urgent case: i.e. a condition that without immediate attention could:

- i. Seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function; or,
- ii. Based on the physician's opinion, the consumer would be subjected to severe pain; or,
- iii. A physician with knowledge of the consumer's medical condition determines it is a case involving urgent care.



# |33| Request Summary for Custom Regimen

Home > Authorization > New Authorization > Cancel Authorization

Requesting Provider ✓ Servicing Provider ✓ Request Details ✓ Clinical Status ✓ Regimens ✓ **Request Summary**

### Request Summary

[Export \(PDF\)](#) [Print](#)

**Member Information**

Full Name	Subscriber ID
Gender	Group ID
Date of Birth	Relationship

**Requesting Provider** [Edit Details](#)


Provider Details	Point of Contact
Provider First Name	Full Name
Provider Last Name	Phone Num

1 Once all the information for the custom regimen is complete, the request summary page will allow you to confirm the request details

2 Providers submitting a custom request will receive a Pending Review confirmation screen

### Request Status

[Export \(PDF\)](#) [Print](#)

 **Your Authorization Request Is Pending**

Your request number is **123456789**. Your request requires review by our clinical team. Also, if additional information is needed to make a determination, we will reach out to you via the contact information provided below. Please see below for details regarding your request.

<b>Authorization Status</b>	<b>Pending</b>
	<b>123456789</b>

**Custom Regimen**

Drug Name	Drug Code	Authorization Status
-----------	-----------	----------------------

# |34| Return to Dashboard









Once submitted, the authorization will appear on the dashboard

This tool is only for outpatient injectable chemotherapy, therapeutic radiopharmaceuticals, and specific supportive care drugs. This tool is not used for cancer drugs that are requested and/or administered as part of Home Health or Inpatient care. Oral Chemo agents covered under Medicare Part D need to be approved through the member's pharmacy benefit manager (PBM). Please contact the number on the member's insurance card for more information.

## Draft Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)








Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator
 					
 					
 					
 					

## Submitted Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)

Displaying your 10 most recently submitted requests

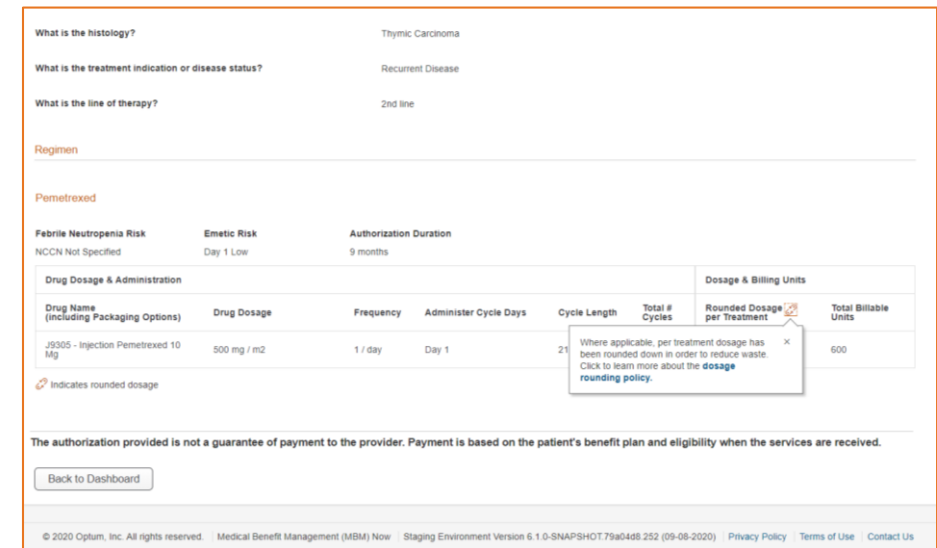
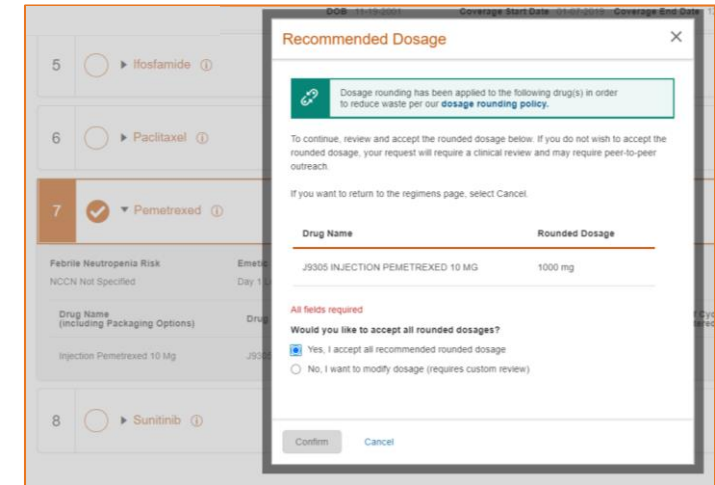
Actions	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Provider	Servicing Provider
  								
 								
 								

# Dose Based Rounding

# |36| Dose Based Rounding – Applies to Utah and Arizona

- Dosage rounding is applied for 27 chemotherapy drugs
  - ✓ Drugs associated with often significant wastage
  - ✓ Request via the Outpatient Chemotherapy authorization type
- For these drugs: CGP calculates the recommended per treatment dosage based on:
  - ✓ Member's height and/or weight
  - ✓ Recommended dosage guidance
  - ✓ Available drug vial sizes (to reduce waste)
- If an opportunity exists to reduce drug wastage, CGP rounds down recommended dosage by up to 10%, in-line with HOPA guidance\* when these drugs are selected
- Providers are presented with a pop-up message as applicable and have three options:
  - a) Accept the recommended dosage and continue, possibly for auto-approval
  - b) Reject the recommended dosage and submit a custom request
  - c) Cancel and return to the Regimens page

\*The Hematology/Oncology Pharmacy Association (HOPA) supports, as routine clinical care, the rounding of biologic and cytotoxic agents within 10% of the ordered dose.



# |37| Dose Based Rounding – Applies to Utah and Arizona

### Recommended Dosage ✕

Dosage rounding has been applied to the following drug(s) in order to reduce waste per our [dosage rounding policy](#).

To continue, review and accept the rounded dosage below. If you do not wish to accept the rounded dosage, your request will require a clinical review and may require peer-to-peer outreach.

If you want to return to the regimens page, select Cancel.

Drug Name	Rounded Dosage
J9000 INJECTION DOXORUBICIN HCL 10 MG	110 mg

**All fields required**

**Would you like to accept all rounded dosages?**

Yes, I accept all recommended rounded dosage

No, I want to modify dosage (requires custom review)

Confirm
Cancel

**What is the histology?** Thymic Carcinoma

**What is the treatment indication or disease status?** Recurrent Disease

**What is the line of therapy?** 2nd line

**Regimen**

Pemetrexed

Febrile Neutropenia Risk	Emetic Risk	Authorization Duration
NCCN Not Specified	Day 1 Low	9 months

Drug Dosage & Administration						Dosage & Billing Units	
Drug Name (including Packaging Options)	Drug Dosage	Frequency	Administer Cycle Days	Cycle Length	Total # Cycles	Rounded Dosage per Treatment	Total Billable Units
J9305 - Injection Pemetrexed 10 Mg	500 mg / m2	1 / day	Day 1	21		Where applicable, per treatment dosage has been rounded down in order to reduce waste. Click to learn more about the <a href="#">dosage rounding policy</a> .	600

Indicates rounded dosage

**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

© 2020 Optum, Inc. All rights reserved. | Medical Benefit Management (MBM) Now | Staging Environment Version 6.1.0-SNAPSHOT.79a04d8.252 (09-08-2020) | [Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

# Requesting Supportive Drugs

# |39| Supportive Drugs

Supportive drugs can be part of an authorization in 3 ways:

1. Included with the regimen on the regimens screen
2. As an option after the regimen is selected (only for high febrile neutropenic risk regimens)
3. Supportive standalone authorization

### Clinical Status

Show Answers | Hide Answers

\* Required

What is the histology? \*

What is the risk group? \*

What is the treatment indication or disease status? \*

What is the Erythropoietin (EPO) status? \*

Is Del 5q present? \*

[Continue](#)

### Regimens

Expand All | Collapse All Biosimilars Explained (PDF) Export (PDF) Print Drug Pronunciation

1  Epoetin alfa (Check Drugs Listed) ⓘ

Febrile Neutropenia Risk	Emetic Risk	Authorization Duration
NCCN Not Specified	NCCN does not provide this information	12 months

Drug Name (including Packaging Options)	Drug Code	Drug Route	Dosage	Frequency	Day(s) of Cycle to be Administered	Length of Cycles (Days or weeks)
Inj Epoetin Alfa Non-esrd 1000 Unit	J0885	Subcutaneous	NCCN does not provide this information	NCCN does not provide this information	NCCN does not provide this information	NCCN does not provide this information

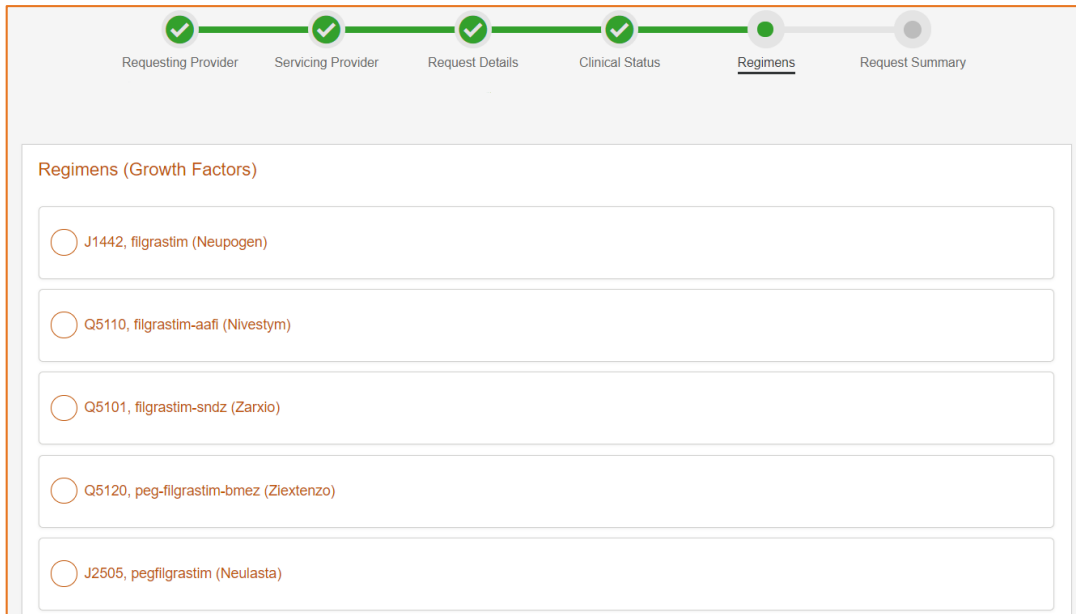
[+ Create Custom Regimen](#)

Back Save Draft Continue

# |40| Supportive Drugs

Supportive drugs can be part of an authorization in 3 ways:

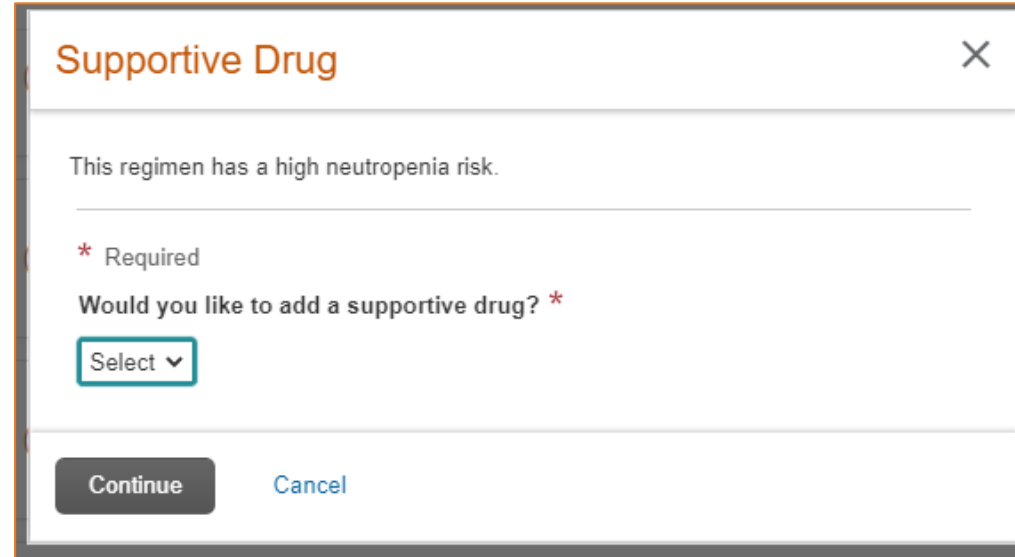
1. Included with the regimen on the regimens screen
2. As an option after the regimen is selected (only for high febrile neutropenic risk regimens)
3. Supportive standalone auth



Requesting Provider   Servicing Provider   Request Details   Clinical Status   Regimens   Request Summary

Regimens (Growth Factors)

- J1442, filgrastim (Neupogen)
- Q5110, filgrastim-aafi (Nivestym)
- Q5101, filgrastim-sndz (Zarxio)
- Q5120, peg-filgrastim-bmez (Zlextenzo)
- J2505, pegfilgrastim (Neulasta)



Supportive Drug

This regimen has a high neutropenia risk.

\* Required

Would you like to add a supportive drug? \*

Select ▾

Continue   Cancel



# |41| Supportive Drugs – Standalone Authorization

If a request for a supportive drug is needed separate from the outpatient chemotherapy authorization, a request for one can be submitted using the clone function.

The screenshot displays the 'Submitted Prior Authorization Requests' section. A table lists requests, with the first row (Request Number SC000228597) highlighted. A 'Clone Request' modal is open over this row. The modal contains the following fields:

- Authorization Type \***: A dropdown menu with options: 'Select', 'Cancer Supportive Drug Only', and 'Outpatient Chemotherapy'. The 'Cancer Supportive Drug Only' option is highlighted with an orange box and an arrow.
- Authorization Start Date \***: A date field with a calendar icon. The date '11-10-2020' is entered. A note below states: 'This date must be between 11-10-2020 and 02-08-2021.'
- Cancer Type \***: An empty text input field.

At the bottom of the modal are 'Continue' and 'Cancel' buttons.

Select Cancer Supportive Drug Only to submit a standalone authorization for supportive drugs

## |42| Supportive Drugs – Standalone Authorization

If a request for a supportive drug is needed separate from the outpatient chemotherapy authorization, a request for one can be submitted using the clone function.

- Patient and provider details will be pre-populated using the clone functionality
- The request details page will offer the option to select cancer type and drug category in order to select the type of supportive drug needed
- Once the drug category is selected, a list of available Drug Names will be available, followed by dosage selection

The screenshot illustrates the workflow for selecting a supportive drug. It is divided into two panels connected by an orange arrow pointing from left to right.

**Left Panel:** Titled "Clinical Details", it contains three fields:

- Primary Cancer \***: A text input field containing "Pancreatic Adenocarcinoma".
- What is the Drug Category? \***: A dropdown menu with a list of categories: Bone Modifying Agents, Hormonal Agents, Red Blood Cell Growth Factors, Somatostatin Analogs, Thyroid Imaging/Ablation, and White Blood Cell Growth Factors. The "Somatostatin Analogs" option is highlighted in blue.

**Right Panel:** It contains three fields:

- Primary Cancer \***: A text input field containing "Pancreatic Adenocarcinoma".
- What is the Drug Category? \***: A dropdown menu with "Somatostatin Analogs" selected.
- What is the Drug Name? \* ⓘ**: A dropdown menu with a list of drug names: Lanreotide - Somatuline Depot, Octreotide - Sandostatin, and Octreotide LAR - Sandostatin LAR Depot. The "Lanreotide - Somatuline Depot" option is highlighted in blue.

# Other Features

# |6| Updating a Pending Request

This tool is only for outpatient injectable chemotherapy, therapeutic radiopharmaceuticals, and specific supportive care drugs. This tool is not used for cancer drugs that are requested and/or administered as part of Home Health or Inpatient care. Oral Chemo agents covered under Medicare Part D need to be approved through the member's pharmacy benefit manager (PBM). Please contact the number on the member's insurance card for more information.

### Draft Prior Authorization Requests

Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID

### Submitted Prior Authorization Requests

Displaying your 10 most recently submitted

Actions	Request Number	Member Name	Start Date

### Edit Authorization

#### Your Authorization Request Is Pending

Your request number is **SC000232539**. Your request may require review by our clinical team. Also, if additional information is needed to make a determination, we will reach out to you via the contact information provided below. Please see below for details regarding your request.

**Request Status** Pending

**Request Number** SC000232539

#### Custom Regimen

Drug Name	Drug Code	Request Status
Injection Pembrolizumab 1 Mg	J9271	Pending

**Regimen Justification**  
test

**Clinical Documentation**

Maximum file size: 50MB.  
Limit of files per upload: 15.  
Accepted formats: .txt, .doc, .docx, .xls, .xlsx, .ppt, .pptx, .pdf, .png, .jpg, .jpeg, .tif, .tiff  
The following file formats will be converted to .pdf, .doc, .docx, .xls, .ppt, .pptx, .tif, .tiff  
Please wait until all files are uploaded to be able to submit the authorization request

File	Status	Size	Upload Time	Action
plain_text_doc.txt	Uploaded	0 Byte	11-11-2020 10:36:18 AM	Remove

Clicking on the pencil icon brings up the edit authorization screen

[Export \(PDF\)](#) [Print](#)

# |45| Historical Authorization Search

Search for previously submitted authorization requests, draft requests, and requests previously entered on a different platform

## Three tabs to search:

- Submitted: to perform a search for previously submitted requests
- Drafts: to perform a search for draft requests
- History: to perform a historical search for requests previously entered on a different platform

Prior Authorization Requests

Submitted Drafts History

\* Required. You must fill one or more of the fields below to perform a search. To find requests not submitted using this application, go to the History tab.

Request Number Member Last Name Subscriber / Member ID Status Physician / Facility Name

Physician / Facility TIN Priority

Urgent requests only

Search Clear

Show 100 Per Page First Previous Next Last

Actions	Payer	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Physician	Servicing Physician
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Prior Authorization Requests

Submitted Drafts History

\* Required. You must fill one or more of the fields below to perform a search.

Display

Everything  Created by me

Draft ID Member Last Name Subscriber / Member ID Physician / Facility TIN Status

Priority

Urgent requests only

Search Clear

Show 100 Per Page First Previous Next Last

Edit	Payer	Draft ID	Member	Subscriber ID	Creation Date	TIN	Status
------	-------	----------	--------	---------------	---------------	-----	--------

# |46| Cloning an Authorization

Providers can clone an existing authorization from the dashboard screen or by searching for the authorization to be cloned and clicking the “clone” button on the upper left corner

This tool is only for outpatient injectable chemotherapy, therapeutic radiopharmaceuticals, and specific supportive care drugs. This tool is not used for cancer drugs that are requested and/or administered as part of Home Health or Inpatient care. Oral Chemo agents covered under Medicare Part D need to be approved through the member's pharmacy benefit manager (PBM). Please contact the number on the member's insurance card for more information.

### Draft Prior Authorization Requests

+ Create New Request    ≡ View All

Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator

### Submitted Prior Authorization Requests

+    Pending or approved authorizations can be cloned

Displaying your 10 most recently submitted authorization requests

Actions	Request Number	Member Name	Subscriber ID	End Date	Request Provider

### Clone Request

\* Required

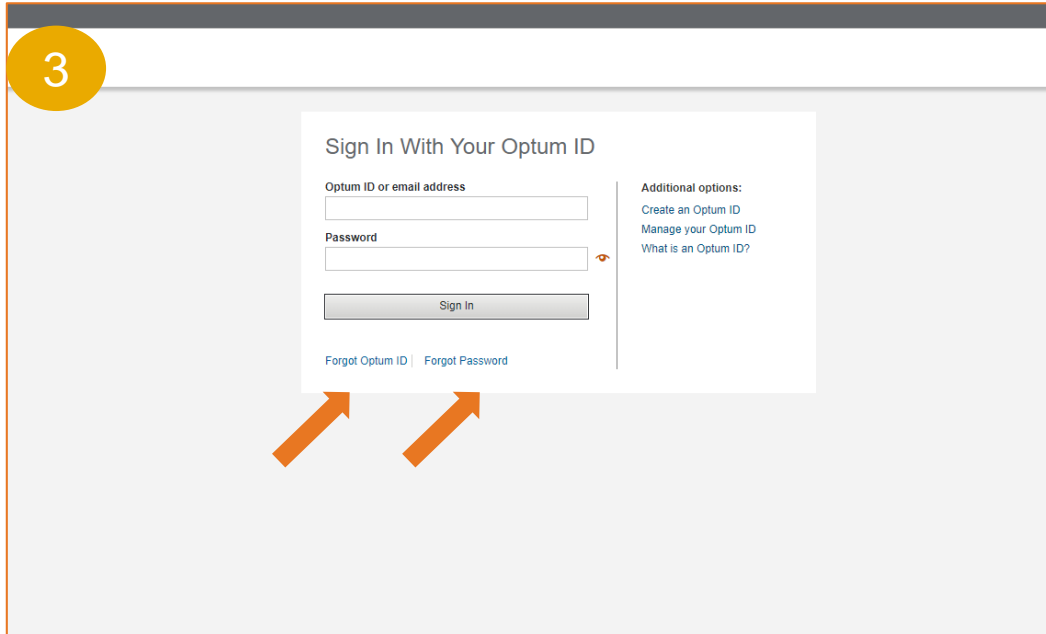
Authorization Type \*

Authorization Start Date \*  
mm-dd-yyyy  
This date must be between 11-11-2020 and 02-09-2021.

Cancer Type \*

Member Name	Subscriber ID	Status	Start Date	End Date	Request Provider
-------------	---------------	--------	------------	----------	------------------

# |47| Forgot Password Process



## Forgot Optum ID

With a little information we can help you retrieve your Optum ID.

Email address

Next

Cancel

[Find Optum ID with other information](#)

If you'd like assistance, contact support at 1(855)819-5909 or [OptumSupport@optum.com](mailto:OptumSupport@optum.com).

## Forgot Password

With a little information we can help you to reset your password.

Email address or Optum ID

Next

Cancel

If you'd like assistance, contact support at 1(855)819-5909 or [OptumSupport@optum.com](mailto:OptumSupport@optum.com).

# Frequently Asked Questions



## |26| Frequently Asked Questions

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### **What browsers are compatible with MBMNow?**

Chrome offers the best user experience, but Internet Explorer is also compatible.

### **What happens if I hit the back button on my browser while navigating MBMNow?**

Depending on the screen you are on, you will go to the previous screen, previous step in the authorization or

### **How do I get access to the tool?**

Providers will be uploaded into the tool prior to the 12/8 go live date and will be sent registration information via email.

### **Are medications covered under the pharmacy benefit included in the tool?**

No, at this time the only medications included in the tool are those that would be paid under the medical benefit. For Medicare Part D requests, the user will be prompted to contact the patient's PBM.

### **How do I remove access for users?**

Email the Provider Data Management CGP User Admin mailbox at [pdmops@optum.com](mailto:pdmops@optum.com)

### **How do I get access for additional users?**

Notify the Provider Data Management CGP User Admin Mailbox ([pdmops@optum.com](mailto:pdmops@optum.com)) and complete the self-registration process

## |26| Frequently Asked Questions

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**What do I do if I forgot my password or user name?**

Click the “Forgot Password” or “Forgot Username” links and follow the prompts

**What do I do if I search for a member but they are not found in the system?**

Call OptumCare PA team at 877-370-2845

**What do I do if I search for a provider but they are not found in the system?**

Call OptumCare PA team at 877-370-2845

**Who do I contact if I have a technical question or issue?**

You would email [cancerauthorizationprogram@optum.com](mailto:cancerauthorizationprogram@optum.com)

**What if I have a question about an authorization?**

You can call 1-877-454-8365 or email [optumcare\\_smgp@optum.com](mailto:optumcare_smgp@optum.com)



**OPTUM** Care<sup>®</sup>