

Medicare Part B Prior Authorization Form

Fax completed form to: 877 974-4411 toll free, or 616 942-8206

This form applies to:

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Medicare Part B

☐

Medicare Part D

This request is:

☐

Urgent (life threatening)

☐

Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Jevtana[®] (cabazitaxel)

Member

Last Name: _____

First Name: _____

ID #: _____

DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____

Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____

Contact Name: _____

Provider Signature: _____

Date: _____

Product and Billing Information

☐ New Request

☐ Continuation Request

Drug product:

☐ Jevtana 60 mg/1.5 mL kit

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Date of next dose (if applicable): _____

Dose: _____ **Dose Frequency:** _____

Place of administration:

☐ Physician's office

☐ Outpatient infusion

Facility: _____ NPI: _____ Fax: _____

☐ Home infusion

Facility: _____ NPI: _____ Fax: _____

Billing:

☐ Physician to buy and bill

☐ Facility to buy and bill

☐ Specialty Pharmacy

Pharmacy: _____ NPI: _____ Fax: _____

ICD-10 Diagnosis code(s): _____

Precertification Requirements

Patient must meet all of the criteria outlined in WPS-Medicare LCD L28576:

1. Diagnosis of hormone-refractory prostate cancer
2. Must have been previously treated with a docetaxel containing regimen

Priority Health Precertification Documentation

A. What is the patient's condition this drug is prescribed for?

☐ hormone-refractory prostate cancer

☐ *Other – the patient's condition is:* _____

B. Has the patient previously been treated with a docetaxel-containing regimen (Taxotere)?

☐ Yes

☐ No

Medicare Part D Prior Authorization Form

Fax completed form to: 877 974-4411 toll free, or 616 942-8206

This form applies to:

☐

Medicare Part B

☒

Medicare Part D

This request is:

☐

Expedited request

☐

Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Jevtana[®] (cabazitaxel)

Member

Last Name: _____

ID #: _____

Primary Care Physician: _____

Requesting Provider: _____

Provider Address: _____

Provider NPI: _____

Provider Signature: _____

First Name: _____

DOB: _____ Gender: _____

Prov. Phone: _____ Prov. Fax: _____

Contact Name: _____

Date: _____

Product and Billing Information

☐ New Request

☐ Continuation Request

Drug product:

☐ Jevtana 60 mg/1.5 mL kit

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Prior authorization criteria

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Diagnosis of hormone-refractory metastatic prostate cancer
2. Must first try a docetaxel-containing treatment regimen
3. Must have a serum prostate-specific antigen (PSA) level of 5 ng/mL or higher
4. Documentation of two PSA laboratory results showing a rising PSA level – the labs should be at least 2 weeks apart; other documentation of disease progressive will be considered
5. Eastern Cooperative Oncology Group (ECOG) performance status of 0, 1 or 2
6. Must have a serum testosterone laboratory results less than 50 ng/dL
7. Must not have congestive heart failure; myocardial infarction in the last 6 months; uncontrolled cardiac arrhythmias, angina pectoris, or hypertension

Medically accepted indication

When this drug is not covered under Medicare Part B, it is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- -- or -- supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and the USPDI or its successor.)

Priority Health Precertification Documentation

A. What is the patient's condition this drug is being prescribed for?

- ☐ Hormone-refractory metastatic prostate cancer
☐ Other – the patient's condition is: _____

B. Did the patient first try a docetaxel (Taxotere)-containing treatment?

- ☐ Yes
☐ No –explain why not: _____

C. Provide the following laboratory results:

Serum PSA level: _____ ng/mL Date: _____
 Serum PSA level: _____ ng/mL Date: _____

Serum testosterone level: _____ ng/mL Date: _____

D. What is the patient's ECOG performance status?

- ☐ **0:** Fully active, able to carry on all pre-disease performance without restriction
☐ **1:** Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g. light house work, office work)
☐ **2:** Ambulatory and capable of all self care, but unable to carry out any work activities; up and about more than 50% of waking hours
☐ **3:** Capable of only limited self care; confined to bed or chair more than 50% of waking hours
☐ **4:** Completely disabled; cannot carry on any self care; totally confined to bed or chair

E. Which of the following conditions does the patient have?

- ☐ congestive heart failure
☐ history of heart attack in the last 6 months
☐ uncontrolled cardiac arrhythmias, angina pectoris, or hypertension

Priority Medicare physician statements

Are you requesting an exception to the Medicare Part D prior authorization criteria? ☐ Yes ☐ No

If yes, please provide a response to the following questions.

Would Jevtana likely be the most effective option for this patient?

☐ Yes ☐ No

If yes, please explain why: _____

If the patient is currently using Jevtana, would changing the patient's current regimen likely result in adverse effects for the patient?

☐ Yes ☐ No

If yes, please explain: _____