

# Medical Prior Authorization Form

For Prior Authorization, please fax to: 877 974-4411 toll free, or 616 942-8206

This form applies to:  **Commercial (Traditional)**     **Commercial (Individual/Optimized)**

**Medicaid**

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<sup>®</sup> (carbazitaxel)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Physician: \_\_\_\_\_ Phys. Phone: \_\_\_\_\_ Phys. Fax: \_\_\_\_\_  
 Physician Address: \_\_\_\_\_  
 Physician NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product and Billing Information

New Request     Continuation Request

Drug product:     Jevtana 60 mg/1.5 mL kit    **Dose:** \_\_\_\_\_ **Dose Frequency:** \_\_\_\_\_  
**Start date:** \_\_\_\_\_  
**Date of last dose:** \_\_\_\_\_  
**Date of next dose:** \_\_\_\_\_  
**Number of cycles requested:** \_\_\_\_\_

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 following criteria:**

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

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

**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: \_\_\_\_\_  
 Explain why this drug is needed: \_\_\_\_\_

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

- Yes
- No –explain why not: \_\_\_\_\_  
 \_\_\_\_\_

**C. Provide the following laboratory results (please include documentation):**

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