PriorityHealth

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® (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: _____

ICD-10 Diagnosis code(s): _____

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:_____

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

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2017

Last reviewed 11/2019

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

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