PriorityHealth

Medical prior authorization form

Fax completed form 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.

Provenge® (sipuleucel-T)

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

Drug product: ☐ Provenge 250 mL IV suspension

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

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

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of asymptomatic or minimally symptomatic metastatic castrate-resistant (hormone refractory) prostate cancer
2. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1
3. Life expectancy greater than 6 months
4. Serum prostate-specific antigen (PSA) of 5 ng/mL or higher
5. Two sequential rising PSA levels obtained 2 – 3 weeks apart or other evidence of disease progression
6. Serum testosterone 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 07/2017
Last reviewed 11/2019

7. Provenge will not be authorized for patients with any of the following:
   - Requirement for systemic corticosteroid use
   - Use of opioid analgesics for cancer-related pain
   - Visceral metastases
   - ECOG performance status of ≥ 2
   - Pathologic long-bone fractures
   - Spinal cord compression

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 diagnosis?

☐ Metastatic castrate-resistant (hormone refractory) prostate cancer
- ☐ Asymptomatic
- ☐ Minimally symptomatic
- ☐ Symptomatic

☐ Other – the patient's condition is: _____

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

Eastern Cooperative Oncology Group (ECOG) performance status descriptions:

☐ 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

C. Does the patient have a life expectancy more than 6 months?

☐ Yes

☐ No – rationale for use: _____

D. Provide serum PSA laboratory results:

Date: _____ PSA level: _____ ng/mL

Date: _____ PSA level: _____ ng/mL

E. Provide serum testosterone laboratory results:

Date: _____ testosterone level: ____ ng/mL

F. Provenge will not be authorized for patients with any of the following. Check which, if any, apply:

☐ Requirement for systemic corticosteroid use
☐ Use of opioid analgesics for cancer-related pain
☐ Visceral metastases
☐ Pathologic long-bone fractures
☐ Spinal cord compression

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