

Priority Health Medicare 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.

Xtandi[®] (enzalutamide)

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 Information

New request Continuation request
 Drug product: Xtandi 40 mg capsule
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Precertification Requirements

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. Must have a diagnosis of castration-resistant prostate cancer
2. Must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0–2
3. Must have two sequential rising PSA levels obtained 2 or 3 weeks apart or other evidence of disease progression
4. Must have a serum testosterone less than 50 ng/dL

Medically accepted indication

This drug 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 and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

- Metastatic, castration-resistant prostate cancer
- Other – the patient's condition is: _____

B. What is the patient's ECOG 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

C. Provide patient's serum PSA levels:

Date: _____ Level: _____ ng/mL Date: _____ Level: _____ ng/mL

D. What is the patient's serum testosterone level?

Date: _____ Level: _____ ng/mL

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? Yes No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

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

- No
- Yes, because: _____

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

- No
- Yes, because: _____