



Chemotherapy: Breast Cancer Drugs

Abraxane (paclitaxel, protein bound) J9264, Teva-brand (paclitaxel, protein bound) 9258, Faslodex (fulvestrant) J9395, Ixempra (ixabepilone) J9207, Perjeta (pertuzumab) J9306, Phesgo (Pertuzumab/ Trastuzumab/ Hyaluronidase-zzxf) J9316

**Prior Authorization Request
Medicare Part B Form**

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

<input type="checkbox"/>	Standard Request– (72 Hours)	<input type="checkbox"/>	Urgent Request (standard time frame could place the member's life, health or ability in serious jeopardy)
Date Requested _____			
Requestor _____ Clinic name: _____ Phone _____ / Fax _____			

MEMBER INFORMATION

*Name: _____ *ID#: _____ *DOB: _____

PRESCRIBER INFORMATION

*Name: _____ MD FNP DO NP PA *Phone: _____

*Address: _____ *Fax: _____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name: _____ Phone: _____

*Address: _____ Fax: _____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug	Dose (Wt: ____ kg Ht: ____)	Frequency	End Date if known

Self-administered Provider-administered Home Infusion

Chart notes attached. **Other important information:** _____

Diagnosis: ICD10: _____ **Description:** _____

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

New Start or Initial Request: (Clinical documentation required for all requests)

Provider has reviewed the attached “Criteria for Approval” and attests the member meets ALL required PA criteria.

If not, please provide **clinical rationale** for formulary exception: _____

Continuation Requests: (Clinical documentation required for all requests)

Provider has reviewed the attached “Criteria for Continuation” and attests the member meets ALL required PA Continuation criteria.

Patient had an adequate response or significant improvement while on this medication.

If not, please provide clinical rationale for continuing this medication: _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____ **Date:** ____ / ____ / ____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.**

Prior Authorization Group – Oncology: Breast Cancer Meds PA

Drug Name(s):

ABRAXANE/TEVA
FASLODEX
PERJETA

PACLITAXEL
IXEMPRA
PHESGO

Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Prescribed by, or in consultation with an oncologist or other cancer specialist related to the diagnosis.
3. Drug is being used appropriately per CMS recognized compendia, authoritative medical literature, evidence based guidelines and/or accepted standards of medical practice.
4. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
 - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
 - Quantity limits and tiering will be determined by the Plan.

Exclusion Criteria:

Cannot be prescribed for experimental or investigational use.

Prescriber Restrictions:

Oncologist or other cancer specialist

Coverage Duration:

New Start: Approval will be for 6 months

Continuation: Approval will be for 12 months

FDA Indications:

Abraxane/Teva

- Metastatic breast cancer, Following failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant therapy
- Non-small cell lung cancer, Advanced or metastatic, first-line treatment, in combination with carboplatin
- Pancreatic cancer, Metastatic, adenocarcinoma, first-line treatment, in combination with gemcitabine

Faslodex

- Breast cancer, Advanced, hormone receptor-positive, HER2-negative disease, in postmenopausal women not previously treated with endocrine therapy, monotherapy
- Breast cancer, Advanced, hormone receptor-positive, postmenopausal with disease progression following endocrine therapy, monotherapy
- Breast cancer, Advanced or metastatic, HER2-negative, hormone receptor-positive, in combination with abemaciclib for disease progression following endocrine therapy
- Breast cancer, Advanced or metastatic, HER2-negative, hormone receptor-positive, in combination with palbociclib for disease progression following endocrine therapy
- Breast cancer, Metastatic or advanced, HER-2 negative, hormone receptor-positive disease in postmenopausal women; in combination with ribociclib as initial endocrine-based therapy or following disease progression on endocrine therapy

Ixempra

1. Breast cancer, Locally advanced or metastatic, as monotherapy in patients whose tumors are resistant or refractory to anthracyclines, taxanes, and capecitabine
2. Breast cancer, Locally advanced or metastatic, in combination with capecitabine in patients who are taxane- or anthracycline-resistant, or taxane-resistant with a contraindication to anthracyclines

Perjeta

- Breast cancer, Adjuvant, early, HER2-positive, at high risk of recurrence, in combination with trastuzumab and chemotherapy
- Breast cancer, Neoadjuvant, HER2 overexpression, in combination with trastuzumab and chemotherapy
- Metastatic breast cancer, HER2 overexpression, first-line, in combination with trastuzumab and docetaxel

Phesgo

- Breast cancer, Adjuvant, HER2-positive, early stage, at high risk of recurrence, in combination with chemotherapy
- Breast cancer, Neoadjuvant, HER2-positive, locally advanced, inflammatory, or early stage (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen in combination with chemotherapy
- Metastatic breast cancer, HER2-positive, in combination with docetaxel, in patients who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease

Off-Label Uses:

Abraxane/Teva

- Anal cancer
- Breast cancer, Neoadjuvant, in sequential combination with an anthracycline and cyclophosphamide
- Gastric cancer, Refractory to first line fluoropyrimidine-containing chemotherapy
- Head and neck cancer
- Metastatic breast cancer, First-line treatment as monotherapy
- Non-small cell lung cancer, Advanced or metastatic, first-line treatment, in combination with carboplatin and bevacizumab
- Ovarian cancer, Recurrent, platinum-resistant

Ixempra

- Hormone refractory prostate cancer, metastatic

Age Restrictions:

N/A

Other Clinical Considerations:

Cancer diagnoses: Criteria as per NCCN or other FDA-approved cancer related guidelines.

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/0564E6/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/49ED0A/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Abraxane&UserSearchTerm=Abraxane&SearchFilter=filterNone&navitem=searchGlobal

https://www.micromedexsolutions.com/micromedex2/librarian/CS/1F5D0B/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/963DC8/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=926965&contentSetId=100&title=Fulvestrant&servicesTitle=Fulvestrant&brandName=Faslodex&UserMdxSearchTerm=Faslodex&=null#



Part B Prior Authorization Guidelines

https://www.micromedexsolutions.com/micromedex2/librarian/CS/C44EAF/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN/C/A62416/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=928899&contentSetId=100&title=Ixabepilone&servicesTitle=Ixabepilone&brandName=Ixempra&UserMdxSearchTerm=Ixempra&=null#

https://www.micromedexsolutions.com/micromedex2/librarian/CS/ADF05D/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN/C/5847B7/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegrateSearch?SearchTerm=herceptin&UserSearchTerm=herceptin&SearchFilter=filterNone&navitem=searchGlobal

https://www.micromedexsolutions.com/micromedex2/librarian/CS/92399F/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN/C/B4D508/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=930478&contentSetId=100&title=Ado-Trastuzumab+Emtansine&servicesTitle=Ado-Trastuzumab+Emtansine&brandName=Kadcyla&UserMdxSearchTerm=Kadcyla&=null#

https://www.micromedexsolutions.com/micromedex2/librarian/CS/EA3F7E/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN/C/34E2D8/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=930221&contentSetId=100&title=Pertuzumab&servicesTitle=Pertuzumab&brandName=Perjeta&UserMdxSearchTerm=Perjeta&=null#

https://www.micromedexsolutions.com/micromedex2/librarian/CS/62C081/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN/C/17B8F1/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932979&contentSetId=100&title=Pertuzumab%2FTrastuzumab%2FHyaluronidase-zzxf&servicesTitle=Pertuzumab%2FTrastuzumab%2FHyaluronidase-zzxf&brandName=Phesgo&UserMdxSearchTerm=phesgo&=null#

CLINICAL USE ONLY