ATRIO HEALTH PLANS

Soft Tissue Sarcoma
Lartuvo (olaratumab) J9285
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.*

☐	**Standard Request– (72 Hours)**	☐	**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)**

- ☐ Prescribed, in combination with doxorubicin, for the treatment of adult patients with soft tissue sarcoma with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery
- ☐ Prescribed by an oncologist, AND
- ☐ Patient is at least 18 years of age, AND
- ☐ Medical record documenation confirms diagnosis of soft tissue sarcoma with a histologic subtype for which an anthracyline-containing regimen is appropriate and not amenable to curative treatment with surgery or radiotherapy, AND
- ☐ Lartruvo will be administered with doxorubicin for the first 8 cycles

Dosing:

- 15 mg/kg as an intravenous infusion over 60 minutes on Days 1 and 8 of each 21-day cycle
- For the first 8 cycles, Lartruvo is administered with doxorubicin
- Premedicate with diphenhydramine and dexamethasone IV, prior to Lartruvo on Day 1 of cycle 1

☐ **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 – Soft Tissue Sarcoma Drug PA

Drug Name(s):
LARTUVO **OLARATUMAB**

Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. 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:
N/A

Prescriber Restrictions:
Oncologist or related specialist

Coverage Duration:
Initial Approval will be for 6 months
Continuation will be approved for 12 months

FDA Indications:
Lartuvo

- Soft tissue sarcoma, Histologic subtype appropriate for an anthracycline-containing regimen which is not amenable to curative treatment with radiotherapy or surgery, in combination with doxorubicin

Off-Label Uses:
N/A

Age Restrictions:
Safety and efficacy not established in pediatric patients

Other Clinical Consideration:
N/A

Resources:
https://www.micromedexsolutions.com/micromedex2/librarian/CS/CF3F67/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/3E270F/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Coagulation+Factor+VIIa&fromInterSaltBase=true&UserMdxSearchTerm=%24userMdxSearchTerm&false=null&=null#