



**Chemotherapy: Breast Cancer Drugs**  
**Abraxane (paclitaxel, protein bound) J9264, 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"/>	<b>Standard Request– (72 Hours)</b>	<input type="checkbox"/>	<b>Urgent Request</b> (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**

HCP 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):

<b>ABRAXANE</b>	<b>PACLITAXEL</b>
<b>FASLODEX</b>	<b>IXEMPRA</b>
<b>PERJETA</b>	<b>PHEGO</b>

### 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**

- 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**

- 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:**

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## Part B Prior Authorization Guidelines

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