

Field Name	Field Description
Prior Authorization Group Description	<u>Dendritic Cell Tumor Peptide Immunotherapy</u>
Drugs	<u>Provenge (sipuleucel-T)</u>
Covered Uses	<u>Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.</u>
Exclusion Criteria	<u>Small cell/neuroendocrine prostate cancer</u>
Required Medical Information	<u>See “Other Criteria”</u>
Age Restrictions	<u>See “Other Criteria”</u>
Prescriber Restrictions	<u>Prescriber must be an oncologist or urologist</u>
Coverage Duration	<u>3 doses per lifetime</u>
Other Criteria	<p><u>**Drug is being requested through the member’s medical benefit**</u></p> <p><u>Initial Authorization:</u></p> <ul style="list-style-type: none"> • <u>Metastatic castrate resistant (hormone-refractory) prostate cancer (mCRPC) (consistent with medical chart history)</u> <ul style="list-style-type: none"> ○ <u>Evidenced by soft tissue and/or bony metastases</u> ○ <u>Patient does NOT have</u> <ul style="list-style-type: none"> ▪ <u>M0CRPC (defined as CRPC whose only evidence of disseminated disease is an elevated serum PSA) is not authorized</u> ▪ <u>Visceral metastases (e.g. liver, lung, adrenal, peritoneal, brain)</u> • <u>Patient is not currently being treated with systemic immunosuppressants (e.g. chemotherapy, corticosteroids) or, if the patient is being treated with immunosuppressants, the prescriber has provided a valid medical reason for combination therapy</u> • <u>Eastern Cooperative Oncology Group (ECOG) score 0-1</u> • <u>Serum testosterone <50 ng/dL (e.g. castration levels of testosterone)</u> • <u>Predicted survival of at least six months</u> <p><u>Reauthorization:</u></p> <ul style="list-style-type: none"> • <u>Treatment exceeding 3 doses per lifetime will not be authorized</u>
Revision/Review Date 5/2022	

	<u>Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.</u>
--	---