



## Breast Cancer Prior Authorization Guidelines

*In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.*

### Standard Requirements

- The prescriber must be specialized in oncology; payors may potentially reject the prior authorization request if the prescribing physician is not a specialist
- A diagnosis of breast cancer has been established and characteristic is indicated as:
  - Advanced
  - Metastatic
  - Unresectable
  - Neoadjuvant Treatment
- For female patients: postmenopausal or premenopausal status has been documented.
- HER2 Status, Progesterone Receptor Status, and Estrogen Receptor Status have been documented.
- If applicable, the following mutation status have been identified:
  - BRCA
  - PIK2CA
- Additional therapies must be documented
  - Aromatase inhibitor
  - Fulvestrant
  - Capecitabine
  - Docetaxel
  - Trastuzumab
- Documentation is required of any prior failed therapies including drug name, dose, and initiation/discontinuation date. Please specify any intolerances the patient has experienced or if the patient has any contraindication to certain therapies.

Prescribers must include all relevant lab work and full lipid panel within 30-90 days. For any renewal prior authorization there must be updated lab results that indicated a positive response to therapy.

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