



## Prostate 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 prostate cancer has been established and characteristic is indicated as:
  - Non-Metastatic
  - Metastatic
  - Castration-Resistant
  - Castration Sensitive
- Attachment of prior imaging studies and results (e.g., CT, MRI, PET, DRE)
- Documentation of Gleason Score
  - Clinical T (primary tumor): cTX, cT0, cT1, cT2, cT3, cT4
  - Pathologic T (organ confinement): pT2, pT3, pT4
  - Regional Lymph nodes (assessment of lymph nodes): NX, N0, N1
  - Distant metastasis (degree of metastasis): M0, M1 (a, b, c)
- Additional therapies must be documented
  - Antiandrogen, radiotherapy, methylprednisolone, Luteinising hormone-releasing hormone, Gonadotropin-releasing hormone analog, chemical castration
- 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 such PSA 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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