

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Effective Date	5/1/14	NA	NA	5/1/14	NA	5/1/14	6/1/14	5/1/14	6/1/14	5/1/14	5/1/14	NA	NA	6/1/14

\*FHK- Florida Healthy Kids

Medication	Comments
Provenge (sipuleucel-T)	N/A

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

90 Days

**APPROVAL CRITERIA**

Requests for Provenge (sipuleucel-T) may be approved for patients who meet the following criteria:

- I. Treatment of metastatic castrate resistant prostate cancer (CRPC) or hormone refractory prostate cancer (HRPC) who meet all of the following criteria:
  - A. Asymptomatic or minimally symptomatic; **AND**
  - B. ECOG (Eastern Cooperative Oncology Group) performance status 0-1; **AND**
  - C. No visceral metastasis, pathologic long bone fracture, or spinal cord compression; **AND**
  - D. Serum prostate-specific antigen (PSA) level of 5 ng/ml or more; **AND**
  - E. Serum testosterone level less than 50 ng/dl (17 nmol/l); **AND**
  - F. Progressive disease based on imaging studies or PSA measurements; **AND**
  - G. No treatment within the previous 28 days with systemic glucocorticoids, external-beam radiation (EBRT), surgery, or systemic therapy for prostate cancer (except medical or surgical castration); **AND**
  - H. No chemotherapy within the previous 3 months.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.