

**GENE EXPRESSION PROFILING
PRIOR AUTHORIZATION FORM**



This form must be completed by a person with thorough clinical knowledge of the member's current clinical presentation and his/her clinical evaluation history. **Clinical documentation supporting the medical necessity of this request is required (include the AHCP Order for genetic testing).** For more information, please refer to the medical policy document MC/L012 Gene Expression Profiling located at <https://www.preferredone.com/medical-policy/>.

Please email this form and clinical documentation to Intake@Preferredone.com or fax to (763) 847-4014.

Patient Name		PreferredOne ID #		DOB	
ICD 10 DX		Ordering Provider Signature		Procedure Code(s)	
Date of Service		Date of Lab Draw			
Ordering Provider First & Last Name				NPI #	
Address				City	
Phone		Fax		State	Zip
Servicing Provider Name (Lab)				NPI #	
Clinic/Site of Service				NPI #	
Address				City	
Phone		Fax		State	Zip

CHARACTERISTICS OF COVERED TESTS	Check Box
Each test has been approved for its intended use by the appropriate regulatory/oversight body (implies analytic validity)	
Each test has sufficient sensitivity and specificity (clinical validity) for targeting the member's specific clinical condition	
The results of each molecular test will directly impact clinical decision-making and clinical care (clinical utility) for the individual	

BREAST CANCER		Check Box
Is there more than 1 primary tumor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
The member has been newly diagnosed with breast cancer		
The member is a candidate for chemotherapy and testing is being done specifically to guide the decision		
GENE EXPRESSION PROFILING WILL BE PERFORMED USING THE 21-GENE ASSAY (ONCOTYPE DX[®] BREAST CANCER ASSAY)		
Characteristics of the largest or the primary tumor	Hormone-receptor positive – either of the following: <input type="checkbox"/> estrogen <input type="checkbox"/> progesterone	
	Human epidermal growth factor (HER2) receptor negative	
	Pathologic tumor (pT) stage _____ (eg, pT1, pT2, pT3, etc.)	
	Pathologic node (pN) stage _____ (eg, pN0, pN1mi, etc.)	
	Tumor size _____ cm	
	Metastases greater than 2mm to 1-3 involved ipsilateral axillary lymph nodes	

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BREAST CANCER		Check Box
GENE EXPRESSION PROFILING WILL BE PERFORMED USING THE 12-GENE ASSAY (ENDOPREDICT®), 50-GENE ASSAY (PROSIGNA™ [PAM50]), 70-GENE ASSAY (MAMMAPRINT [AMSTERDAM SIGNATURE])		
Characteristics of the largest or the primary tumor	Hormone-receptor positive (estrogen <u>and</u> progesterone receptors)	<input type="checkbox"/>
	Human epidermal growth factor (HER2) receptor negative	<input type="checkbox"/>
	Node-negative	<input type="checkbox"/>
	1 to 3 positive nodes	<input type="checkbox"/>
GENE EXPRESSION PROFILING WILL BE PERFORMED USING THE 6-GENE ASSAY (BREAST CANCER INDEXSM)		
Characteristics of the largest or the primary tumor	Hormone-receptor positive (estrogen <u>and</u> progesterone receptors)	<input type="checkbox"/>
	Human epidermal growth factor (HER2) receptor negative	<input type="checkbox"/>
	Node-negative	<input type="checkbox"/>

MELANOMA, OCULAR (UVEAL)		Check Box
GENE EXPRESSION PROFILING WILL BE PERFORMED USING THE 15-GENE ASSAY (DecisionDX-UM)		
The member has localized ocular/uveal melanoma		<input type="checkbox"/>
The request is for risk stratification		<input type="checkbox"/>

PROSTATE CANCER		Check Box
Life expectancy is equal to or greater than 10 years		<input type="checkbox"/>
Life expectancy is greater than five years but less than 10 years and the member is symptomatic		<input type="checkbox"/>
POST-BIOPSY		
The member has been newly-diagnosed with prostate cancer and the test will be performed to manage treatment		<input type="checkbox"/>
Gene expression profiling will be performed using the 1.4M RNA expression (44,000 genes) whole-transcriptome oligonucleotide microarray (Decipher®)		<input type="checkbox"/>
Gene expression profiling will be performed using the 8-protein multiplex immunofluorescent staining (ProMark®)		<input type="checkbox"/>
Gene expression profiling will be performed using the 31-cell cycle progression (CCP) gene assay (Prolaris™)		<input type="checkbox"/>
Gene expression profiling will be performed using the 17-gene assay (Oncotype DX® Prostate)		<input type="checkbox"/>
The member's disease risk is (see Table 1 below): <input type="checkbox"/> Very low <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Very High <input type="checkbox"/> Intermediate		
POST RADICAL PROSTATECTOMY		
Gene expression profiling will be performed using the 1.4M RNA expression (44,000 genes) whole-transcriptome oligonucleotide microarray (Decipher®)		<input type="checkbox"/>
Tumor stage (T category) _____ (must be T2 with positive margins or any T3 disease)		
Rising PSA (above nadir)		<input type="checkbox"/>

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Table 1. Risk Group for Prostate Cancer

Risk Group	Clinical/Pathologic Features	
Very Low	<ul style="list-style-type: none"> • Tumor stage or T category T1c; and • Grade Group 1; and • PSA less than 10ng/mL; and • Fewer than 3 prostate biopsy fragments/cores positive, less than or equal to 50% cancer in each fragment/core; and • PSA density less than 0.15ng/mL/g 	
Low	<ul style="list-style-type: none"> • Tumor stage or T category T1-T2a; and • Grade Group 1; and • PSA less than 10ng/mL 	
Intermediate	<ul style="list-style-type: none"> • Has no high- or very high-risk features; and • Has one or more intermediate risk factors (IRF): <ul style="list-style-type: none"> ○ Tumor stage or T category T2b-T2c; or ○ Grade Group 2 or 3; or ○ PSA 10-20 ng/mL 	Favorable Intermediate <ul style="list-style-type: none"> • 1 IRF; and • Grade Group 1 or 2; and • Less than 50% biopsy cores positive
		Unfavorable Intermediate <ul style="list-style-type: none"> • 2 or 3 IRFs; or • Grade Group 3; or • Greater than or equal to 50% biopsy cores positive
High	<ul style="list-style-type: none"> • Tumor stage or T category T3a; or • Grade Group 4 or 5; or • PSA greater than or equal to 20ng/mL 	
Very High	<ul style="list-style-type: none"> • Tumor stage or T category T3b-T4; or • Primary Gleason pattern 5; or • Greater than 4 cores with Grade Group 4 or 5 	

Retrieved from National Comprehensive Cancer Network (NCCN) Guidelines. Prostate Cancer. 2.2019, 04/17/19. Page PROS-2. Accessed 07-11-19.