

**GENE EXPRESSION PROFILING
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. Please attach clinical records/clinic progress notes. For more information, please refer to the medical policy document MC/L012 Gene Expression Profiling located at <https://www.preferredone.com/medical-policy/>.

Please fax this form and other relevant documents to (763) 847-4014.

Patient Name	Patient DOB	Date of Service
Patient ID#	Dx/ICD-10	Procedure Code/s
Provider Name	Provider Phone	
Provider ID#	Provider Fax	Provider Signature

BREAST CANCER		Check Box
Is there more than 1 primary tumor? YES 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 (estrogen and progesterone receptors)	
	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	
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 and progesterone receptors)	
	Human epidermal growth factor (HER2) receptor negative	
	Node-negative	
	1 to 3 positive nodes	
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 and progesterone receptors)	
	Human epidermal growth factor (HER2) receptor negative	
	Node-negative	

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		
The request is for risk stratification		

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PROSTATE CANCER	Check Box
Gene expression profiling will be performed using the 31-cell cycle progression (CCP) gene assay (Prolaris™)	
Gene expression profiling will be performed using the 17-gene assay (Oncotype DX® Prostate)	
Gene expression profiling will be performed using the 8-protein multiplex immunofluorescent staining (ProMark®)	
Gene expression profiling will be performed using the 1.4M RNA expression (44,000 genes) whole-transcriptome oligonucleotide microarray (Decipher®)	
The member has been newly-diagnosed with prostate cancer	
The test will be used to determine treatment recommendations regarding active surveillance versus definitive treatment (eg, radiotherapy, surgery, chemotherapy, or androgen deprivation therapy)	
The member has low-risk disease Tumor stage (T category) _____ (must be T1-T2a) Gleason score _____ (must be less than or equal to 6/grade group 1) Prostate specific antigen (PSA) _____ ng/mL (must be less than 10ng/mL)	
The member has favorable intermediate disease Percentage of positive biopsy cores _____ % (must be less than 50%) Tumor stage (T category) _____ (must be T2b-T2c) Gleason score _____ (must be 7 [3+4]/grade group 2) Prostate specific antigen (PSA) _____ ng/mL (must be 10-20 ng/mL)	
Life expectancy is equal to or greater than 10 years	
Life expectancy is greater than five years but less than 10 years and the member is symptomatic	