

# Bone Metastases Xofigo® Treatment Plan Radiation Therapy Physician Worksheet (As of 21 October 2016)

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on [evicore.com](http://evicore.com) under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) requests must be submitted by phone.**

<b>Patient name:</b>	
<b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b>	____ / ____ / ____
1.	Is Xofigo® the intended treatment technique? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>If Xofigo® is not the intended treatment, do not complete the 'Bone Metastases – Xofigo® Treatment Plan' physician worksheet. Instead, complete the 'Bone Metastases' physician worksheet.</b>	
2.	What is patient's weight? <b>Weight must be recorded in kilograms.</b> <span style="float: right;">Weight: _____ Kg</span>
3.	Has the patient ever had, or does the patient currently have, metastases to a visceral (non-bony/skeletal) site or to lymph nodes? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
4.	Has the patient exhausted all medical or surgical ablative hormonal treatments? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
5.	Is the patient's serum testosterone currently at castrate levels (less than 50 ng/dL)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
6.	Is the patient exhibiting prostate specific antigen (PSA) progression [2 consecutive rises in PSA, at least 1 week apart, within the past 6 months]? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
7.	What was the date and result of the patient's last PSA (within the last 30 days)?  Date: ____ / ____ / ____ Result:
8.	a. Was a bone scan performed within the past 60 days? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	b. If a bone scan was performed within the past 60 days, what status did the bone scan reveal?
	<input type="checkbox"/> Progression <input type="checkbox"/> Stability <input type="checkbox"/> Improvement

***Continued on next page***

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9.	Has the patient been staged for visceral metastases from prostate cancer by Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) within the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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In order to be considered for approval, the following **must** be submitted: (1) consultation note regarding use of Xofigo, (2) result of recent bone scan, (3) recent testosterone level, (4) last two PSA results and (5) results of re-staging (i.e., CT and/or MRI abdomen/pelvis, chest x-ray).

Recommended to submit request via web in order to upload documentation.

10.	Note any additional information in the space below.
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