

Akeega® (niraparib/abiraterone) Prior Authorization Form

Member Name: _____ **Date of Birth:** _____ **Member ID#:** _____

Drug Information

Pharmacy billing (NDC: _____ **) Start Date (or date of next dose):** _____

Dose: _____ **Regimen:** _____

Pharmacy Information

Pharmacy NPI: _____ **Pharmacy Name:** _____

Pharmacy Phone: _____ **Pharmacy Fax:** _____

Prescriber Information

Prescriber NPI: _____ **Prescriber Name:** _____

Prescriber Phone: _____ **Prescriber Fax:** _____ **Specialty:** _____

Criteria

For Initial Authorization:

1. Please indicate diagnosis and information:

Castration-Resistant Prostate Cancer (CRPC)

Castration-Sensitive Prostate Cancer (CSPC)

A. Is the diagnosis metastatic CRPC or CSPC? Yes _____ No _____

B. Is there a presence of deleterious or suspected deleterious BRCA or BRCA2 mutation based upon an FDA-approved test? Yes _____ No _____

C. Will niraparib/abiraterone acetate be used in conjunction with prednisone? Yes _____ No _____

D. Will niraparib/abiraterone acetate be used in conjunction with a gonadotropin-releasing hormone (GnRH) analog or is there a prior history of bilateral orchiectomy? Yes _____ No _____

E. Has member progressed on prior abiraterone therapy? Yes _____ No _____

If diagnosis is not listed above, please indicate diagnosis: _____

Additional information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on niraparib/abiraterone acetate?
Yes _____ No _____

3. Has member experienced adverse drug reactions related to niraparib/abiraterone acetate therapy?
Yes _____ No _____

If yes, please specify adverse reactions: _____

Additional Information: _____

Prescriber Signature: _____ **Date:** _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit

Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

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