OKLAHOMA
Health Care Authority

State of Oklahoma
SoonerCare
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. Is there a presence of deleterious or suspected deleterious BRCA or BRCA2 mutation based upon an FDA-approved test? Yes☐ No☐
2. Will niraparib/abiraterone acetate be used in conjunction with prednisone? Yes☐ No☐
3. 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☐
4. Has member progressed on prior abiraterone therapy? Yes☐ No☐
5. Please indicate diagnosis and information:
   - ☐ **Castration-Resistant Prostate Cancer (CRPC)**
     a. Is diagnosis metastatic CRPC? Yes☐ No☐
   - ☐ **Castration-Sensitive Prostate Cancer (CSPC)**
     a. Is diagnosis metastatic CSPC with high-volume metastasis? Yes☐ No☐
   - ☐ **Other:** _____

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:	CONFIDENTIALITY NOTICE
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	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*