Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Abiraterone / Yonsa® (abiraterone)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New request ☐ Continuation request

Drug product: ☐ Abiraterone 250 mg tablet ☐ Yonsa 125 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Oral oncology partial fill program

Each fill of abiraterone or Yonsa is limited to a 14-day partial fill at any network pharmacy. Patients are responsible for applicable deductable and copayments, which is one-half of applicable copayments after deductible is met for each partial fill.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of metastatic castration-resistant prostate cancer
    a. Eastern Cooperative Oncology Group (ECOG) performance status of 0–2
    b. Serum testosterone less than 50 ng/dL
2. Diagnosis of high risk castration sensitive prostate cancer
    a. Eastern Cooperative Oncology Group (ECOG) performance status of 0–2
    b. Documentation of high risk status (Gleason score of 8 or more, at three bone lesions or the presence of measurable visceral metastasis.

Abiraterone will not be authorized in patients with (1) ECOG performance status greater than or equal to 3; (2) severe hepatic impairment; or (3) NYHA Class III or IV heart failure. Abiraterone will not be authorized in combination with Xtandi or Erleada

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 04/2018

Last reviewed 01/2019

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

- ☐ Metastatic castration-resistant prostate cancer
- ☐ High risk castration sensitive prostate cancer
- ☐ *Other – the patient's condition is:* _____

Rationale for use: _____

B. What is the patient's ECOG status?

- ☐ 0: Fully active, able to carry on all pre-disease performance without restriction
- ☐ 1: Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g. light house work, office work)
- ☐ 2: Ambulatory and capable of all self-care, but unable to carry out any work activities; Up and about more than 50% of waking hours.
- ☐ 3: Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.
- ☐ 4: Completely disabled; cannot carry on any self-care; totally confined to bed or chair.

C. What is the patient's serum testosterone level?

Date: _____ Level: _____ ng/mL

D. Which of the following, if any, apply to this patient?

- ☐ Severe hepatic impairment
- ☐ NYHA Class III or IV heart failure
- ☐ None of the above

Additional information

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug's efficacy or that recognized oncology organizations generally accept the treatment for the condition.

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