



Androgen Biosynthesis Inhibitors: Abiraterone

Please fax this completed form to (833) 645-2734 OR mail to: Centene Pharmacy Services | 5 River Park Place East, Suite 210 | Fresno, CA 93720. You can also complete online at CoverMyMeds.com.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID or Coordinated Care ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply

1. Is this request for a continuation of existing therapy? Yes No

If yes:

Is there clinical documentation of disease stability or improvement compared to baseline measures? Yes No

What measures are being used to define disease stability or positive clinical response? _____

When did treatment with the requested dose start? _____

2. Indicate patient's diagnosis:

- Metastatic castration resistant prostate cancer
 Metastatic high-risk castration sensitive or castration naïve prostate cancer
 Non-metastatic high-risk prostate cancer
 Other, specify: _____

Indicate stage: _____

3. Was this prescribed by, or in consultation with, an oncologist or urologist?

Yes No

4. Has the patient had a bilateral orchiectomy? Yes No

If no, will the patient receive hormone suppression concurrently (e.g., GnRH therapy)? Yes No

5. Will Abiraterone be used in combination with a steroid consistent with FDA labeling (e.g. prednisone with Zytiga, methylprednisolone with Yonsa)?

Yes No

6. Is the request for generic abiraterone 250mg tablets? Yes No

If no, does patient have documented clinical rationale that 250mg tablets are not an effective regimen for patient? Yes No

Provide clinical rationale: _____

For the diagnosis of metastatic high-risk castration sensitive or castration naïve prostate cancer:

7. Does the patient have any of the following risk factors? Check all that apply:

- Gleason score ≥ 7 (Grade Group > 2)
- Bone lesions
- Presence of measurable visceral metastases

8. If used in combination with docetaxel, does patient have high-volume metastatic burden? Yes No

For the diagnosis of Non-metastatic high-risk prostate cancer:

9. Indicate the following apply to the patient.

- Node positive
- Node negative. Check all that apply:
 - Gleason score ≥ 8
 - Tumor stage T3 or T4
 - Prostate-specific antigen (PSA) concentration ≥ 40 ng/mL
 - Experienced prostate-specific antigen (PSA) doubling time of < 6 months or PSA ≥ 20 ng/mL on androgen deprivation therapy (e.g. GnRH analogs)

10. Will Abiraterone be used in combination with the following? Check all that apply:

- External beam radiotherapy (EBRT), unless contraindicated
- Androgen deprivation therapy (ADT) (e.g. GnRH analogs)
- Prednisone or prednisolone

CHART NOTES, LABS AND TEST RESULTS ARE REQUIRED WITH THIS REQUEST

Prescriber signature

Prescriber specialty

Date

Centene Pharmacy Services will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)