

# 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)**

- A. Is the diagnosis metastatic CRPC? Yes \_\_\_ No \_\_\_
- B. Is there a presence of deleterious or suspected deleterious BRCA 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

### CONFIDENTIALITY NOTICE

*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.*