OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare

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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☐

☐ **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.

Fax completed prior authorization request form to **888-601-8461** or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.
All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at **AetnaBetterHealth.com/Oklahoma.**