Premier Health Plan

Premier Health Plan
Pharmacy Services
Commercial Phone: 855-266-0713
Exchange Phone: 866-822-2413
Fax: 855-862-6518

ZYTIGA & XTANDI
Prior Authorization Form

ZYTIGA IS THE PREFERRED MEDICATION FOR THE HEALTH PLAN

☐ Standard Request ☐ Expedited Request	If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. ***For state exchanges only:*** The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

☐ **ZYTIGA** (Abiraterone)	250mg Tablet	Directions:	Quantity Dispensed:	Day Supply:
☐ Xtandi (Enzalutamide)	40mg Capsules			
☐ New medication ☐ Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.		

Clinical Information

Diagnosis:	Date Diagnosed:

Does the member have a diagnosis of prostate cancer? ☐ Yes ☐ No

If no, please provide clinical literature/studies to support request for off-label use.

☐ Information included
☐ Information not available

Has the member received prior chemotherapy containing Docetaxel? ☐ Yes ☐ No

If no, please provide reason for not using Docetaxel first:_______________________________

Does the member have metastatic disease? ☐ Yes ☐ No

Has the member previously tried androgen deprivation therapy? ☐ Yes ☐ No

If yes, please list drug(s) under Medication History.

Is the requested medication being used in combination with any other therapies? ☐ Yes ☐ No

If so, please provide name(s):____

Please provide any additional information which should be considered in the space below:

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