Premier Health Plan
Pharmacy Services
Phone: 866-822-2714
Fax: 855-862-6518

ZYTIGA & XTANDI
Prior Authorization Form

ZYTIGA IS THE PREFERRED MEDICATION FOR THE HEALTH PLAN

□ Standard Request (72 hours) □ Expedited Request (24 hours)	If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.

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
Does the member have metastatic disease?	□ Yes □ No
Does the member have castration-resistant disease?	□ Yes □ No
FOR Xtandi REQUESTS ONLY: Has the member previously tried and failed therapy with Zytiga (abiraterone)?	□ Yes □ No

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