

Prescriber Criteria Form

Akeega 2024 PA Fax 6136-A v1 010124.docx
 Akeega (niraparib and abiraterone acetate)
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Akeega (niraparib and abiraterone acetate).

Drug Name:
 Akeega (niraparib and abiraterone acetate)

Patient Name:		
Patient ID:		
Patient DOB:	Patient Phone:	
Prescriber Name:		
Prescriber Address:		
City:	State:	Zip:
Prescriber Phone:	Prescriber Fax:	
Diagnosis:	ICD Code(s):	

Please circle the appropriate answer for each question.			
1	Does the patient have a diagnosis of metastatic castration-resistant prostate cancer? [If no, then no further questions.]	Yes	No
2	Does the patient have a deleterious or suspected deleterious BRCA (breast cancer susceptibility gene) mutation? [If no, then no further questions.]	Yes	No
3	Will the requested drug be used in combination with a gonadotropin-releasing hormone (GnRH) analog OR after bilateral orchiectomy?	Yes	No

Comments: _____

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

Prescriber (or Authorized) Signature: _____ **Date:** _____