USFHP Prior Authorization Request Form for **darolutamide (Nubeqa)**

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:

Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

QUESTIONS? Call 1-877-880-7007

https://www.usfamilyhealth.org/for-providers/pharmacy-information/

Prior authorization does not expire. Clinical documentation may be required.

Step 1 **Please complete patient and physician information** (please print):

Patient Name:		Physician Name:	
Address:		Address:	
Sponsor ID #		Phone #:	
Date of Birth:		Secure Fax #:	

Step 2 Please complete the clinical assessment:

1. Is the requested medication being prescribed by or in consultation with a hematologist, oncologist or urologist?	☐ Yes Proceed to question **2**	☐ No **Stop** **Coverage not approved**
2. Is the patient 18 years of age or older?	☐ Yes Proceed to question **3**	☐ No **Stop** **Coverage not approved**
3. What is the indication or diagnosis?	☐ non-metastatic castration-resistant prostate cancer (nmCRPC) – Proceed to question **4** ☐ metastatic castration-sensitive prostate cancer (mCSPC) in combination with docetaxel – Proceed to question **6** ☐ Other diagnosis – Proceed to question **12**	
4. Xtandi is the Department of Defense's preferred 2nd-Generation Antiandrogen agent. **Has the patient tried Xtandi?**	☐ Yes Proceed to question **10**	☐ No Proceed to question **5**
5. Does the patient have, or has the patient had a contraindication/inadequate response/adverse reaction to Xtandi that is not expected to occur with Nubeqa?	☐ Yes Proceed to question **10**	☐ No **Stop** **Coverage not approved**

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6. For mCSPC, abiraterone acetate is listed as a National Comprehensive Cancer Care Network (NCCN) category 1 recommendation for either doublet or triplet therapy. Abiraterone acetate 250 mg is available as part of the Tricare benefit as a Tier 1 agent (generic copay) and available without a PA.	☐ **Acknowledged** Proceed to question **7**	
7. Xtandi is the Department of Defense's preferred 2nd-Generation Antiandrogen Agent.	☐ **Acknowledged** Proceed to question **8**	
8. Is the request for treatment of low volume metastases OR high volume metastases?	☐ Low volume metastases – Proceed to question **9** ☐ High volume metastases – Proceed to question **10**	
9. Does the patient have a contraindication to Xtandi and abiraterone that is not expected to occur with Nubeqa?	☐ Yes Proceed to question **10**	☐ No **Stop** **Coverage not approved**
10. Is this medication being prescribed in combination with a gonadotropin-releasing hormone analog (for example: Eligard, Lupron, Trelstar, or Zoladex)?	☐ Yes **Sign and date below**	☐ No Proceed to question **11**
11. Has the patient had bilateral orchiectomy?	☐ Yes **Sign and date below**	☐ No **Stop** **Coverage not approved**
12. The diagnosis IS NOT listed above but IS cited in the National Comprehensive Cancer Network (NCCN) guidelines as a category 1, 2A, or 2B recommendation. **To facilitate approval, please list the diagnosis, guideline version, and page number:**	_____ **Sign and date below**	

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

_____ _____

Prescriber Signature Date