



## Nubeqa

### Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

- What is the diagnosis?
  - Non-metastatic castration-resistant prostate cancer
  - Metastatic hormone-sensitive prostate cancer
  - Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_
- Will the requested medication be used in combination with a second-generation oral anti-androgen (e.g., apalutamide [Erleada]) or an oral androgen metabolism inhibitor (e.g., abiraterone acetate [Zytiga])?
  - Yes  No
- Is the patient currently receiving treatment with the requested medication?  Yes  No *If No, skip to #6*
- Has the patient experienced an unacceptable toxicity or disease progression while on the current regimen?
  - Yes  No *No further questions.*
- Does the patient meet either of the following criteria?
  - The patient had a bilateral orchiectomy
  - The patient be taking the requested medication in combination with a GnRH analog
  - No
- If the diagnosis is metastatic hormone-sensitive prostate cancer, will the requested medication be used in combination with docetaxel?*  Yes  No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X** \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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**CVS Caremark Prior Authorization • 1300 E. Campbell Road • Richardson, TX 75081  
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