



**Abiraterone acetate**

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

|                     |                      |
|---------------------|----------------------|
| Member's Last Name: | Member's First Name: |
| SCAN ID number:     | Date of Birth:       |
| Prescriber's Name:  | Contact Person:      |
| Office phone:       | Office Fax:          |

|             |            |
|-------------|------------|
| Medication: | Diagnosis: |
|-------------|------------|

**SECTION A** Please answer the following questions

1.  Yes  No Is the indication or diagnosis for the treatment of patients with metastatic castration-resistant prostate cancer (CRPC)?
  2.  Yes  No Is the indication or diagnosis for the treatment of patients with metastatic high-risk castration-sensitive prostate cancer (CSPC)?
  3. If **No** to the above, what is the diagnosis or indication?
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4.  Yes  No Is the member currently taking the requested medication?
  5.  Yes  No Is the prescription written or recommended by an oncologist?
  6.  Yes  No Is abiraterone acetate (Zytiga) being administered in combination with prednisone?
  7.  Yes  No Does the member have severe hepatic impairment (Child-Pugh Class C)?
  8.  Yes  No Is the patient's AST, ALT, and bilirubin within normal limits prior to initiation of abiraterone acetate (Zytiga)? *(If yes, skip question 9)*
  9.  Yes  No Is the member's AST and ALT less than or equal to 2.5 times the upper limit of normal and total bilirubin less than or equal to 1.5 times the upper limit of normal?

10.  Yes  No Is the member's serum potassium within normal limits prior to initiation of abiraterone acetate (Zytiga)?
11.  Yes  No Does the patient have New York Heart Association (NYHA) Class III or IV heart failure or LVEF (left ventricular ejection fraction) less than 50%?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 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 ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>