OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare
Nubeqa® (Darolutamide) Prior Authorization Form

Member Name:_____ ***Date of Birth:***_____ ***Member ID#:***_____

Drug Information

Pharmacy Billing (NDC:_____***)*** **Start Date** ***(or date of next dose):***_____

Dose:_____ ***Regimen:***_____

Billing Provider Information

Pharmacy NPI:_____ ***Pharmacy Name:***_____

Pharmacy Phone:_____ ***Pharmacy Fax:***_____

Prescriber Information

Prescriber NPI:_____ **Prescriber Name:**_____

Prescriber Phone:_____ ***Prescriber Fax:***_____ ***Specialty:***_____

For Initial Authorization:

1. **Please indicate the diagnosis and information:**

☐ **Castration-Resistant Prostate Cancer (CRPC)**

A. Is diagnosis non-metastatic CRPC? Yes☐ No☐
B. Will darolutamide be used in combination with a gonadotropin-releasing hormone (GnRH) analog? Yes☐ No☐
C. Does member have a prior history of bilateral orchiectomy? Yes☐ No☐

☐ **Metastatic Hormone-Sensitive Prostate Cancer (mHSPC)**

A. Will darolutamide be used in combination with docetaxel? Yes☐ No☐
B. Will darolutamide be used in combination with a gonadotropin-releasing hormone (GnRH) analog? Yes☐ No☐
C. Does member have a prior history of bilateral orchiectomy? Yes☐ No☐

☐ **If diagnosis is not listed above, please indicate diagnosis:**_____

Additional Information:_____

_____

For Continued Authorization:

1. Date of last dose:_____
2. Does member have any evidence of progressive disease while on darolutamide? Yes☐ No☐
3. Has the member experienced adverse drug reactions related to darolutamide therapy? Yes☐ No☐

*If yes, please specify adverse reactions:*_____

_____

Prescriber Signature:_____ **Date:**_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Failure to complete this form in full will result in processing delays.*

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit

Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

CONFIDENTIALITY NOTICE