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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Xtandi® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)
<p>Select the diagnosis below:</p> <p><input type="checkbox"/> Castration-resistant prostate cancer (mCRPC)</p> <p><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____</p>
<p>Clinical Information:</p> <p>Will Xtandi be used in combination with a gonadotropin-releasing hormone (GnRH) analog [e.g., Lupron (leuprolide), Zoladex (goserelin), Trelstar (triptorelin), Vantas (histrelin), Firmagon (degarelix)]? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the patient had bilateral orchiectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select if Xtandi is prescribed by or in consultation with one of the following specialists:</p> <p><input type="checkbox"/> Oncologist</p> <p><input type="checkbox"/> Urologist</p>
<p>Reauthorization:</p> <p>Does the patient show evidence of progressive disease while on Xtandi therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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Office use only: Xtandi_Comm_2018Dec-W