P.O. Box 30192
Salt Lake City, UT 84130-0192
801-442-4912 or 800-442-3129
Fax 801-442-3006

selecthealth

PREAUTHORIZATION FORM

Zytiga™
(abiraterone acetate)

Therapeutic use: The treatment of metastatic castration-resistant prostate cancer in combination with prednisone 5mg twice daily for patients who have received prior chemotherapy containing docetaxel
Quantity Limit: 120 tablets, taken as four 250mg tablets once daily
Authorization Period: 12 months

Patient's name _____

Patient's ID# ☐☐☐ ☐☐ ☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

ICD-9 ☐☐☐ ☐☐ ☐☐☐ ☐☐ _____

Physician's name_____

Physician's Ph# (☐☐☐) ☐☐☐-☐☐☐☐ Fax# ☐☐☐-☐☐☐☐

Physician's signature_____ Date signed ☐☐/☐☐/☐☐☐☐

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Is the prescribing physician an oncologist or urologist?	❑ Yes	❑ No
2.	Does the patient have metastatic castration-resistant prostate cancer?	❑ Yes	❑ No
3.	Has the patient received prior chemotherapy containing docetaxel?	❑ Yes	❑ No
4.	Is Zytiga being given in combination with prednisone 5mg twice daily?	❑ Yes	❑ No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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