CVS CAREMARK Fax Referral To: 800-323-2445	For	Zytiga [™] (abiraterone) Enrollment Form For Blue Cross Blue Shield of Rhode Island Members			
	Deter	Na a la bas Data (
Phone: 866-278-6634	Date:	Needs by Date (1	Please Specify): _		
Ship to: Patient Office Other:					
PATIENT INFORMATION		PRESCRIBER INFORMATION			
(Complete the following <u>or send patient demographic sheet</u>)		Prescriber's Name:	LIDDI	<u> </u>	
Patient Name:		State License #:		UPIN:	
Address:		DEA #:	NPI #:		
City, State, Zip:		Group or Hospital:			
Home Phone:		Address:			
Alternate Phone:	<u>.</u>	City, State Zip:			
Last Four of SS #:	<u> </u>	Phone:	Fax:		
Insurance ID:	<u> </u>	Contact Person:			
Date of Birth: Gender:	<u>.</u>	Contact Phone:			
INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)					
Prescription Card: Name of Insurer:	ID#:	BIN: I	PCN: Group:		
Primary Insurance: Subscriber:	ID#:	Name of Insurer: Blue Cro			
Secondary Insurance: Subscriber:	ID#:	Name of Insurer:	Phone:		
STATEMENT OF MEDICAL NECESSITY for BCBS of Rhode Island Members					
Diagnosis (ICD-9 Code): Other: • Date of Diagnosis:					
APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY.					
NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.					
• Patient has a diagnosis of metastatic prostate cancer?	Yes No				
• Is the cancer castration-resistant?		\square Yes \square No			
	10	$\Box \operatorname{Yes} \Box \operatorname{No}$			
• Patient received prior chemotherapy containing docetaxel?					
• Zytiga is used in combination with prednisone?					
PRESCRIPTION INFORMATION					
MEDICATION STRENG	ТН	DIRECTIONS	QUANTITY	REFILLS	
Zytiga TM (abiraterone)					
Prednisone					
X X					
PRODUCT SUBSTITUTION PERMITTED (Date) DISPENSE AS WRITTEN				(Date)	

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Zytiga PAB 082511