

Prescriber Criteria Form  
Nubeqa 2026 PA Fax 3149-A v3 010126.docx  
Nubeqa (darolutamide)  
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Nubeqa (darolutamide).

Drug Name:  
Nubeqa (darolutamide)

Patient Name:		
Patient ID:		
Patient DOB:	Patient Phone:	
Prescriber Name:		
Prescriber Address:		
City:	State:	Zip:
Prescriber Phone:	Prescriber Fax:	
Diagnosis:	ICD Code(s):	

**Please circle the appropriate answer for each question.**

1	Does the patient have a diagnosis of non-metastatic castration-resistant prostate cancer (nmCRPC)? [If yes, then skip to question 3.]	Yes	No
2	Does the patient have a diagnosis of metastatic castration-sensitive prostate cancer (mCSPC)? [If no, then no further questions.]	Yes	No
3	Will the requested drug be used in combination with a gonadotropin-releasing hormone (GnRH) analog OR after bilateral orchectomy?	Yes	No

Comments: \_\_\_\_\_

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_