

Prior Authorization Form

TYROSINE KINASE INHIBITORS (FA-PA)

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS Caremark at **1-888-836-0730**. Please contact CVS Caremark at **1-855-240-0536** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Tassigna (nilotinib).

Patient Information

Patient Name:	<input type="text"/>
Patient Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Patient ID:	<input type="text"/>
Patient Group No:	<input type="text"/>
Patient DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Prescribing Physician

Physician Name:	<input type="text"/>
Physician Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Physician Fax:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Physician Address:	<input type="text"/>
City, State, Zip:	<input type="text"/> <input type="text"/> <input type="text"/>

Drug Name (specify drug): Tassigna (nilotinib)

Quantity: _____	Frequency: _____	Strength: _____
Route of Administration: _____	Expected Length of Therapy: _____	
Diagnosis: _____	ICD Code: _____	
Comments: _____		

Please check the appropriate answer for each applicable question.

- | | | | | | |
|----|---|---|--------------------------|---|--------------------------|
| 1. | Is the requested product Tassigna? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 2. | Is the patient currently receiving Tassigna through health insurance? Note: If the patient is receiving Tassigna through samples or a manufacturer's patient assistance program, please answer 'No'. | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 3. | Bosulif, imatinib (generic), and Sprycel are the Preferred Formulary Products for this patient's plan. | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 4. | Can the patient's treatment be switched to either Bosulif, imatinib (generic), or Sprycel? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 5. | Has the patient experienced resistance or documented toxicity/intolerance to prior therapy with at least one covered tyrosine kinase inhibitor (Bosulif, imatinib, or Sprycel)? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 6. | Can the patient's treatment be switched to generic imatinib? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 7. | Has the patient failed treatment with generic imatinib due to a documented intolerable adverse event? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 8. | Was the intolerable adverse event an expected adverse event attributed to the active ingredient (i.e., imatinib) as described in the prescribing information? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| | Was this adverse event documented in the patient's chart? <i>Documentation is required for approval. Provide SPECIFIC and DETAILED chart documentation including description, date/time, and severity of the adverse event, dosage and duration of Preferred Product trial, required intervention (if any), and relevant tests or laboratory data (if any) OR MedWatch form of this trial and failure including the adverse reaction.</i> | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the claims processor, the health

plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. See, e.g., 31 U.S.C. §§ 3729-3733.

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug Pas immediately and securely online – without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.