

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  **Commercial (Traditional)**     **Commercial (Individual/Optimized)**  
 **Medicaid**

This request is:  **Urgent** (life threatening)     **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Iclusig<sup>®</sup> (ponatinib)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

New request     Continuation request

Drug product:     Iclusig 15 mg tablet    **Start date** (or date of next dose): \_\_\_\_\_  
 Iclusig 45 mg tablet    **Date of last dose** (if applicable): \_\_\_\_\_  
**Dosing frequency:** \_\_\_\_\_

### Oral oncology partial fill program

Each fill of Iclusig is limited to a 14 day supply at any network pharmacy. Patients are responsible for applicable deductible and copayments.

### Precertification Requirements

For this drug to be covered, the patient must have one of the following listed conditions:

- Chronic myeloid leukemia
- Philadelphia chromosome- positive acute lymphoblastic leukemia
- Other – the patient's condition is: \_\_\_\_\_  
 Rationale for use: \_\_\_\_\_

For patients with CML, will the required monitoring (listed below) be completed?     Yes     No

- A. BCR-ALB1 Gene Arrangement, Quantitative PCR will be completed at
  1. baseline,
  2. then every 3 months to assess response to therapy until complete cytogenetic response,
  3. then every 3 months for 3 years,
  4. then every 3-6 months thereafter.
- B. Loss of response to previous TKI: BCR-ABL kinase domain mutation analysis before change in therapy.

### Additional information

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug's efficacy or that recognized oncology organizations generally accept the treatment for the condition.