

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.

Sprycel[®] (dasatinib)

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: Sprycel 20 mg tablet Sprycel 50 mg tablet Sprycel 70 mg tablet Sprycel 100 mg tablet
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Oral oncology partial fill program

Each fill of Sprycel 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:

- Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia
- Philadelphia chromosome positive acute lymphoblastic leukemia
- Other – the patient's condition is: _____
 Rationale for use: _____

For patients with CML only, will 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 2 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.