



## Besponsa

### Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

1. What is the diagnosis?  
 Acute lymphoblastic leukemia (ALL)  
 Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Does the patient have B-cell precursor acute lymphoblastic leukemia (ALL)?  Yes  No
4. Is the disease relapsed or refractory?  Yes, relapsed  Yes, refractory  No
5. Is the tumor CD22-positive as confirmed by testing or analysis to identify the CD22 protein on the surface of the B-cell? **ACTION REQUIRED: If Yes, attach results of testing or analysis confirming CD22 protein on the surface of the B-cell.**  Yes  No  Unknown
6. What is the Philadelphia chromosome status of the patient's disease?  
 Philadelphia chromosome-positive disease  
 Philadelphia chromosome-negative disease, *skip to #8*  
 Unknown
7. Is the patient intolerant or refractory to tyrosine kinase inhibitor therapy (e.g., imatinib (Gleevec), dasatinib (Sprycel), nilotinib (Tasigna), bosutinib (Bosulif), ponatinib (Iclusig))?  
 Yes, intolerant to tyrosine kinase inhibitor therapy  
 Yes, refractory to tyrosine kinase inhibitor therapy  
 No/unknown
8. Will the patient receive more than 6 treatment cycles of Besponsa?  Yes  No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X** \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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**CVS Caremark Prior Authorization • 1300 E. Campbell Road • Richardson, TX 75081  
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