CVS caremark™ {{PANUMCODE}}

Tavalisse

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.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: {{MEMFIRST}} {{MEMLAST}} **Date**: {{TODAY}}
Patient's ID: {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, NPI#: _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the diagnosis?
   ❑ Chronic immune thrombocytopenia (ITP)
   ❑ Other _____
2. What is the ICD-10 code? _____
3. Coverage for the requested drug is provided when the patient has tried and had a treatment failure with all or at least three of the formulary medications. The formulary alternatives for the requested drug is Doptelet. Can the patient's treatment be switched to a formulary alternative? ***If Yes, please call 1-866-814-5506 to have the updated form faxed to your office OR you may complete the PA electronically (ePA). You may sign up online via CoverMyMeds at: www.covermymeds.com/epa/caremark/ or call 1-866-452-5017.***
   ❑ Yes - Doptelet ❑ No - Continue request for Tavalisse
4. Has the patient tried and had a documented inadequate response or intolerable adverse reaction to all or at least three of the formulary alternative(s)? Note: Formulary medications should be prescribed first unless the patient is unable to use or receive treatment with the alternative. ❑ Yes ❑ No

   Formulary alternative(s): Doptelet

   If Yes, indicate the formulary alternative(s) the patient has tried and the reason for treatment failure and skip to #6.

   Drug name: _____ Reason for treatment failure: _____

   Drug name: _____ Reason for treatment failure: _____
5. Does the patient have a documented contraindication to all or at least three of the formulary alternative(s)?
   ❑ Yes ❑ No

   If Yes, indicate the formulary alternative(s) the patient is unable to take and describe the contraindication(s):

   Drug name: _____ Contraindication: _____

   Drug name: _____ Contraindication: _____

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

6. Has chart note(s) or other documentation supporting the inadequate response, intolerable adverse reaction or contraindication to the necessary number of formulary alternatives been submitted? ***ACTION REQUIRED: Submit chart note(s) or other documentation indicating prior treatment failure, severity of the adverse event (if any), and dosage and duration of the prior treatment, or contraindication to formulary alternatives.***
   ❑ Yes ❑ No
7. Is the request for continuation of therapy with Tavalisse? ❑ Yes ❑ No *If No, skip to #14*
8. Is the patient currently receiving the requested product through samples or a manufacturer's patient assistance program? *If Yes or Unknown, skip to #14* ❑ Yes ❑ No ❑ Unknown
9. Will the requested drug be used concurrently with thrombopoietin receptor agonists (e.g., Promacta, Nplate, Doptelet, Mulpleta)? ❑ Yes ❑ No
10. What is the patient's current platelet count? ***ACTION REQUIRED: Attach laboratory documentation or chart notes with current platelet count.*** _____/mcL or x10^9/L ***(circle one)*** ❑ Unknown
    If greater than 200,000/mcL to less than or equal to 400,000/mcL, skip to #13
    If greater than or equal to 50,000 mcL to less than or equal to 200,000/mcL, no further questions.
11. Is the platelet count sufficient to prevent clinically important bleeding?
    If Yes, no further questions. ❑ Yes ❑ No
12. Has the patient received a maximal dose of the requested drug for at least 8 weeks?
    ❑ Yes ❑ No *No further questions*
13. Will dosing be adjusted to achieve a platelet count sufficient to avoid clinically important bleeding?
    ❑ Yes ❑ No *No further questions*
14. Has the patient tried and had an inadequate response or is intolerant to prior therapy (e.g., corticosteroids, immunoglobulins, thrombopoietin receptor agonists, or splenectomy)? ❑ Yes ❑ No
15. What is/was the lowest untransfused platelet count at any point prior to the initiation of Tavalisse?
    ACTION REQUIRED: Attach laboratory documentation or chart notes with untransfused platelet count prior to the initiation of ITP therapy. _____/mcL or x10^9/L ***(circle one)*** ❑ Unknown
    If less than 30,000/mcL, skip to #17
16. *If patient's lowest untransfused platelet count is greater than or equal to 30,000/mcL (30x10^9/L),* does the patient have symptomatic bleeding (examples: significant mucous membrane bleeding, gastrointestinal bleeding or trauma) or risk factors for bleeding? ❑ Yes ❑ No
    Examples of risk factors (not all inclusive):
    a) Undergoing a medical or dental procedure where blood loss is anticipated
    b) Comorbidity (examples: peptic ulcer disease or hypertension)
    c) Mandated anticoagulation therapy
    d) Profession or lifestyle predisposes the patient to trauma (examples: construction worker, fireman, professional athlete)
17. Will the requested drug be used concurrently with thrombopoietin receptor agonists (e.g., Promacta, Nplate, Doptelet, Mulpleta)? ❑ 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)**

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