



## Venclexta

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:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

- What is the diagnosis?
  - Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL)
  - Acute myeloid leukemia (AML), newly-diagnosed
  - Acute myeloid leukemia (AML), relapsed or refractory
  - Mantel cell lymphoma
  - Blastic plasmacytoid dendritic cell neoplasm (BPDCN)
  - Multiple myeloma
  - Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_
- Is this a request for continuation of therapy with the requested drug?
  - Yes  No *If No, skip to diagnosis section*
- Does the member have the diagnosis of chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL)?
  - Yes  No *If No, skip to #8*
- What is the prescribed regimen?
  - Venclexta as monotherapy, *skip to #8*
  - Venclexta with rituximab (Rituxan)
  - Venclexta with obinutuzumab (Gazyva), *skip to #7*
  - Other \_\_\_\_\_
- Will the patient receive more than 24 months of Venclexta and rituximab (Rituxan) therapy (starting with cycle 1, day 1 of rituximab initiation)?  Yes  No *If No, skip to #8*
- Will the patient receive more than 12 cycles of Venclexta and obinutuzumab (Gazyva) therapy?  Yes  No
- Is there evidence of unacceptable toxicity or disease progression on the current regimen?
  - Yes  No *No further questions*

**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**  
**Phone: 1-866-814-5506 • Fax: 1-866-249-6155 • www.caremark.com**

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)

9. What is the prescribed regimen?

- Venclexta as monotherapy                       Venclexta with obinutuzumab (Gazyva)  
 Venclexta with rituximab (Rituxan)             Other \_\_\_\_\_

Section B: Acute Myeloid Leukemia (AML), Newly-Diagnosed

10. What is the prescribed regimen? *If patient is greater than or equal to 75 years old, no further questions.*

- Venclexta with decitabine                       Venclexta with azacitidine  
 Venclexta with low-dose cytarabine           Other \_\_\_\_\_

11. Does the patient have comorbidities that preclude the use of intensive induction chemotherapy?

- Yes    No *If patient is less than 60 years old (physiologic age), no further questions.*

12. Is the patient a candidate for intensive remission induction therapy with unfavorable-risk cytogenetics?

*If Yes, no further questions.*    Yes    No

13. Is the patient not a candidate for intensive remission induction therapy or declines intensive therapy?

*If Yes, no further questions.*    Yes    No

14. Will Venclexta be used as post-induction therapy following response to a Venclexta-based regimen?

- Yes    No

Section C: Acute Myeloid Leukemia (AML), Relapsed or Refractory

15. Will Venclexta be used in combination with any of the following? *Indicate below and no further questions.*

- Azacitidine     Decitabine  
 Low-dose cytarabin                                   None of the above

Section D: Mantel Cell Lymphoma

16. Will Venclexta be used as subsequent therapy?    Yes    No

17. What is the prescribed regimen?

- Venclexta used as a single agent                       Venclexta with rituximab (Rituxan)  
 Other \_\_\_\_\_

Section E: Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN)

18. Will Venclexta be used in combination with any of the following:

- Azacitidine     Decitabine  
 Low-dose cytarabin                                   None of the above

Section F: Multiple Myeloma

19. Will Venclexta be used for treatment of relapsed or progressive multiple myeloma?    Yes    No

20. Does the member have a documented translocation t(11,14)? ***ACTION REQUIRED: If Yes, attach supporting documentation.***    Yes    No

21. Will Venclexta be used in combination with dexamethasone?    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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