

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



{{PANUMCODE}}

## Tibsovo

### 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:** {{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}}

- What is the diagnosis?  
 Acute myeloid leukemia (AML)  
 Cholangiocarcinoma  
 Chondrosarcoma  
 Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_
- Is the patient currently receiving treatment with the requested medication?  
 Yes  No *If No, skip to diagnosis section*
- Is there evidence of unacceptable toxicity or disease progression while on the current regimen?  
 Yes  No *No further questions*

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

#### Section A: Acute Myeloid Leukemia

- Does patient's acute myeloid leukemia have a susceptible isocitrate dehydrogenase-1 (IDH1) mutation?  
**ACTION REQUIRED: If Yes, attach chart note(s) or test results of isocitrate dehydrogenase-1 (IDH1) mutation.**  Yes  No  Unknown
- What is the clinical setting in which the requested medication will be used?  
 Newly-diagnosed acute myeloid leukemia  
 Post-induction therapy for acute myeloid leukemia, *skip to #10*  
 Relapsed or refractory acute myeloid leukemia, *no further questions*  
 Refractory acute myeloid leukemia, *no further questions*  
 Other \_\_\_\_\_
- Does the patient have comorbidities that preclude the use of intensive induction therapy?  
*If Yes, skip to #9*  Yes  No

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

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8. *If the patient is 60 years of age or older but less than 75 years of age, has the patient declined to receive intensive induction therapy?*  
 Yes  
 No  
 N/A - patient is less than 60 years of age, *no further questions*  
 N/A - patient is 75 years or older
9. Will the requested medication be used in any of the following regimens?  
 Single agent  In combination with azacitidine (Vidaza)  Other \_\_\_\_\_
10. *If the patient is 60 years of age or older, has the patient experienced a response to therapy with the requested medication?*  Yes  No  N/A - patient is less than 60 years of age, *no further questions*
11. Will the requested medication be used as a single agent?  Yes  No

Section B: Cholangiocarcinoma

12. Does patient's cholangiocarcinoma have an isocitrate dehydrogenase-1 (IDH1) mutation?  
***ACTION REQUIRED: If Yes, attach chart note(s) or test results of isocitrate dehydrogenase-1 (IDH1) mutation.***  Yes  No  Unknown
13. What is the clinical setting in which the requested drug will be used?  
 Unresectable disease  
 Locally advanced disease  
 Metastatic disease  
 Other \_\_\_\_\_
14. What is the place in therapy in which the requested medication will be used?  
 As first-line treatment  
 As subsequent treatment  
 Other \_\_\_\_\_
15. Will the requested medication be used as a single agent?  Yes  No

Section C: Chondrosarcoma

16. Does the patient's chondrosarcoma have a susceptible isocitrate dehydrogenase-1 (IDH-1) mutation?  
***ACTION REQUIRED: If Yes, attach chart note(s) or test results of isocitrate dehydrogenase-1 (IDH1) mutation.***  Yes  No  Unknown
17. What is the clinical setting in which the requested medication will be used?  
 Conventional (grades 1-3) chondrosarcoma  
 Dedifferentiated chondrosarcoma  
 Other \_\_\_\_\_

***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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