



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.

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

1. What is the diagnosis?
☐ Chronic immune thrombocytopenia (ITP)
☐ Other _____
2. What is the ICD-10 code? _____
3. Is the requested drug prescribed by or in consultation with a hematologist? ☐ Yes ☐ No
4. Is the request for continuation of therapy with the requested drug? ☐ Yes ☐ No *If No, skip to #11*
5. Is the patient currently receiving the requested product through samples or a manufacturer's patient assistance program? *If Yes or Unknown, skip to #11* ☐ Yes ☐ No ☐ Unknown
6. Will the requested drug be used concurrently with thrombopoietin receptor agonists (e.g., Promacta, Nplate, Doptelet, Mupleta)? ☐ Yes ☐ No
7. What is the patient's current platelet count? **ACTION REQUIRED: Attach laboratory documentation or chart notes with current platelet count.** _____/mcL or $\times 10^9/L$ (**circle one**) ☐ Unknown
If greater than 200,000/mcL to less than or equal to 400,000/mcL, skip to #10
If 50,000/mcL to 200,000/mcL, no further questions.
8. Is the platelet count sufficient to prevent clinically important bleeding?
If Yes, no further questions. ☐ Yes ☐ No
9. Has the patient received a maximal dose of the requested drug for at least 8 weeks?
☐ Yes ☐ No *No further questions.*
10. Will dosing be adjusted to achieve a platelet count sufficient to avoid clinically important bleeding?
☐ Yes ☐ No *No further questions.*
11. Has the patient tried and had an inadequate response or is intolerant to prior therapy (e.g., corticosteroids or immunoglobulins)? ☐ Yes ☐ No

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

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12. 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 $\times 10^9/L$ (circle one) ☐ Unknown
If less than 30,000/mcL, skip to #14
13. *If patient's lowest untransfused platelet count is greater than or equal to 30,000/mcL ($30 \times 10^9/L$), does the patient have symptomatic bleeding (e.g., 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 (e.g., peptic ulcer disease or hypertension)
c) Mandated anticoagulation therapy
d) Profession (e.g., construction worker) or lifestyle (e.g., plays contact sports) that predisposes the patient to trauma
14. Will the requested drug be used concurrently with thrombopoietin receptor agonists (e.g., Promacta, Nplate, Doptelet, Mupleta)? ☐ 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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