Please complete ALL information below and fax your request to 1-888-671-5285

Sprycel® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			**Provider Information** (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable ❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

❑ Acute lymphoblastic leukemia/acute lymphoblastic lymphoma (ALL)
❑ Chronic myelogenous/myeloid leukemia (CML)
❑ Other diagnosis: ____ ICD-10 Code(s): ___________________________________

Prescriber's Specialty:

Is Sprycel prescribed by or in consultation with an oncologist and/or hematologist? ❑ **Yes** ❑ **No**

Acute Lymphoblastic Leukemia/Acute Lymphoblastic Lymphoma (ALL):

Does the patient have Philadelphia chromosome-positive (Ph+)/BCR ABL acute lymphoblastic leukemia (ALL)? ❑ **Yes** ❑ **No**

Has the patient experienced resistance or intolerance to any prior therapy? ❑ **Yes** ❑ **No**

For pediatric patients (under 18 years of age):

Is this a newly diagnosed disease? ❑ **Yes** ❑ **No**

Will Sprycel be used in combination with chemotherapy? ❑ **Yes** ❑ **No**

Chronic Myelogenous/Myeloid Leukemia (CML):

Does the patient have Philadelphia chromosome-positive (Ph+)/BCR ABL chronic myelogenous/myeloid leukemia (CML)? ❑ **Yes** ❑ **No**

Does the patient have the T315I, F317L, and V299L mutation? ❑ **Yes** ❑ **No**

Reauthorization:

Does the patient show evidence of progressive disease while on Sprycel therapy? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Please note: This request may be denied unless all required information is received.

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