

**Iwifin<sup>™</sup> (eflornithine) Prior Authorization Form****Member Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Member ID#:** \_\_\_\_\_**Drug Information****Pharmacy Billing (NDC:** \_\_\_\_\_ **) Start Date (or date of next dose):** \_\_\_\_\_**Dose:** \_\_\_\_\_ **Regimen:** \_\_\_\_\_**Pharmacy Information****Pharmacy NPI:** \_\_\_\_\_ **Pharmacy Name:** \_\_\_\_\_**Pharmacy Phone:** \_\_\_\_\_ **Pharmacy Fax:** \_\_\_\_\_**Prescriber Information****Prescriber NPI:** \_\_\_\_\_ **Prescriber Name:** \_\_\_\_\_**Prescriber Phone:** \_\_\_\_\_ **Prescriber Fax:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_**Criteria****For Initial Authorization:**

1. Please indicate the diagnosis and information:

☐ **Neuroblastoma**

A. Is diagnosis high-risk neuroblastoma? Yes \_\_\_ No \_\_\_

B. Has member had at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy? Yes \_\_\_ No \_\_\_

C. Will eflornithine be used as a single agent to reduce the risk of relapse for a maximum of 2 years? Yes \_\_\_ No \_\_\_

D. Member's body surface area (BSA): \_\_\_\_\_ Date taken: \_\_\_\_\_

☐ **Other** \_\_\_\_\_

Additional Information: \_\_\_\_\_

**For Continued Authorization:**

1. Date of last dose: \_\_\_\_\_

2. Does member have any evidence of progressive disease while on eflornithine? Yes \_\_\_ No \_\_\_

3. Has the member experienced any adverse drug reactions related to eflornithine therapy? Yes \_\_\_ No \_\_\_

*If yes, please specify adverse reactions:* \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:University of Oklahoma College of Pharmacy  
Pharmacy Management Consultants  
Product Based Prior Authorization UnitFax: 1-800-224-4014  
Phone: 1-800-522-0114 Option 4CONFIDENTIALITY NOTICE

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