

Jaypirca® (pirtobrutinib) 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:** **Chronic Lymphocytic/Small Lymphocytic Lymphoma (CLL/SLL)**

A. Is disease relapsed or refractory? Yes ___ No ___

B. Has member been previously treated with a covalent Bruton's kinase (BTK) inhibitor? Yes ___ No ___

C. Does disease demonstrate histologic (Richter) transformation to diffuse large B-cell lymphoma (DLBCL)? Yes ___ No ___

 Mantle Cell Lymphoma (MCL)A. Does member have relapsed or refractory disease after ≥ 2 lines of systemic therapy? Yes ___ No ___

B. Does member's previous treatment include a Bruton's tyrosine kinase (BTK) inhibitor (e.g., acalabrutinib, ibrutinib, zanubrutinib)? Yes ___ No ___

 If diagnosis is not listed above, please indicate diagnosis: _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on pirtobrutinib? Yes ___ No ___

3. Has the member experienced adverse drug reactions related to pirtobrutinib therapy? Yes ___ No ___

If yes, please specify adverse reactions: _____**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. 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 4**CONFIDENTIALITY NOTICE***This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*