OKLAHOMA
Health Care Authority

State of Oklahoma
SoonerCare
Cavhanza™ (Nilotinib ODT), Danziten® (Nilotinib) and Nilotinib D-Tartrate
Prior Authorization Form

Member Name:_____ Date of Birth:_____ Member ID#:_____

Drug Information

Pharmacy billing (NDC:_____) Name of Medication: _____

Start Date:_____ 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 provide the member's diagnosis:
   - ☐ Chronic Myeloid Leukemia (CML)
   - ☐ Other: _____
2. Does the member have any of the following? *(check all that apply)*
   - ☐ Newly diagnosed chronic, accelerated, or blast phase CML
   - ☐ Philadelphia Chromosone Positive (Ph+) CML chronic phase (CP) resistant or intolerant to prior tyrosine-kinase inhibitor (TKI) therapy
   - ☐ Post-hematopoietic stem cell transplant
3. Please provide a patient-specific, clinically significant reason the member cannot use Tasigna® (nilotinib):

_____

Additional Information: _____

_____

For Continued Authorization:

1. Date of last dose:_____
2. Is the member responding well to treatment with nilotinib? Yes☐ No☐
3. Has the member experienced any adverse drug reactions related to nilotinib 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:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*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.*

DRAFT