

OPTIMA HEALTH FAMILY CARE

(MEDICAID)

PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-844-723-2094.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.**

Drug Requested: Besponsa[®] (inotuzumab ozogamicin) IV (J9999/C9028) (Medical)

DRUG INFORMATION: Complete all information below or authorization process will be delayed.

Drug Form/Strength/Month: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

CLINICAL CRITERIA: Check **ALL** items below for appropriate diagnosis. Authorization process will be delayed if boxes for diagnosis are **NOT** checked.

- Patient is age 18 years or older

AND

- Patient has a diagnosis of B-cell precursor acute lymphoblastic leukemia (ALL)

AND

• **Select one of the conditions that corresponds to the patient:**

- Patient shown to be Philadelphia Chromosome-positive, and is either relapsed OR refractory CD22 as defined in either condition below

- a. Patient has undergone treatment with at least one tyrosine kinase inhibitor {Imatinib (Gleevec[®]), Dasatinib (Sprycel[®]), Nilotinib (Tasigna[®]), Bosutinib (Bosulif[®]), Ponatinib (Iclusig[®])}
- b. Patient has undergone 1 or 2 induction chemotherapy regimens for ALL

OR

- Patient shown to be Philadelphia Chromosome-negative and:
- a. Patient has undergone 1 or 2 induction chemotherapy regimens for ALL

AND

Select below the therapy regimen/cycle phase for approval:

- Cycle 1: 21 DAYS**

DAY 1 - 0.8 mg/m²

DAY 8 - 0.5 mg/m²

DAY 15 - 0.5 mg/m²

total dose/cycle 1: 1.8 mg/m²

- ❖ treatment cycle may be extended to 4 weeks if complete remission (CR) is achieved, or CR with incomplete hematologic recovery (CRi) and/or to allow for recovery from toxicity.

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Subsequent cycles:

- Patients who achieve CR or CRi: 28 DAYS

DAY 1 - 0.5 mg/m²	DAY 8 - 0.5 mg/m²	DAY 15 - 0.5 mg/m²
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total dose/cycle: 1.5 mg/m²

- Patients who do NOT achieve CR or CRi: 28 DAYS

DAY 1 - 0.8 mg/m²	DAY 8 - 0.5 mg/m²	DAY 15 - 0.5 mg/m²
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total dose/cycle 1: 1.8 mg/m²

- ❖ if CR or CRi is not achieved within 3 cycles, discontinue treatment.

Medication being provided by (check box below that applies):

- Location/site of drug administration: _____

NPI or DEA # of administering location: _____

OR

- Specialty Pharmacy - PropriumRx

Use of samples to initiate therapy **does not meet step-edit/preauthorization criteria.**

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by the Pharmacy and Therapeutic Committee: 2/15/2018
UPDATED/REVISED: 6/19/2018; 8/16/2018; 10/8/2018; (Reformatted) 2/4/2019