



Kymriah

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the member identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-844-823-5477.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-800-469-7556**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: Same as Requesting Provider

Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider

Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____ kg

Patient Height: _____ cm

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Inpatient Hospital Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-844-823-5477

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CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
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Criteria Questions:

1. What is the diagnosis?
 - Acute lymphoblastic leukemia (ALL)
 - Diffuse large B-cell lymphoma (DLBCL) arising from follicular lymphoma (also known as histologic transformation of follicular lymphoma to DLBCL)
 - Histologic transformation of nodal marginal zone lymphoma to DLBCL
 - Diffuse large B-cell lymphoma
 - Primary mediastinal large B-cell lymphoma
 - High-grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
 - Acquired immunodeficiency syndrome (AIDS)-related B-cell lymphomas (including AIDS-related diffuse large B-cell lymphoma, primary effusion lymphoma, and human herpesvirus 8 (HHV8)-positive diffuse large B-cell lymphoma, not otherwise specific)
 - Monomorphic post-transplant lymphoproliferative disorder (B-cell type)
 - Other _____
2. What is the ICD-10 code? _____
3. Has the patient previously received one complete treatment course of Kymriah or another CD19-directed chimeric antigen receptor (CAR) T-cell therapy (e.g., Yescarta)? Yes No
4. Does the patient have CD19 positive disease that was confirmed by testing or analysis?
ACTION REQUIRED: If Yes, attach results of testing or analysis confirming CD19 protein on the surface of the B-cell. Yes No Unknown

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Acute Lymphoblastic Leukemia (ALL)

5. Does the patient have B-cell precursor acute lymphoblastic leukemia? Yes No
6. Does the patient have relapsed or refractory disease?
 - Yes, relapsed disease
 - Yes, refractory disease
 - No
7. What is the Philadelphia chromosome status for the patient's disease?
 - Philadelphia chromosome-positive disease
 - Philadelphia chromosome-negative disease, *no further questions*
 - Unknown
8. Has the patient had an inadequate response to two tyrosine kinase inhibitors (e.g., bosutinib (Bosulif), dasatinib (Sprycel), imatinib (Gleevec), nilotinib (Tasigna), ponatinib (Iclusig)?
If yes, no further questions Yes No
9. Has the patient had an intolerance to a tyrosine kinase inhibitor (e.g., bosutinib (Bosulif), dasatinib (Sprycel), imatinib (Gleevec), nilotinib (Tasigna), ponatinib (Iclusig)? *If yes, no further questions* Yes No
10. Has the patient experienced a first relapse post-hematopoietic stem cell transplant? Yes No

Section B: Diffuse large B-cell lymphoma (DLBCL) arising from follicular lymphoma (also known as histologic transformation of follicular lymphoma to DLBCL) and histologic transformation of nodal marginal zone lymphoma to DLBCL

11. How many prior chemoimmunotherapy regimens has the patient received? _____ regimens
12. Did at least one prior chemoimmunotherapy regimen received by the patient include an anthracycline or anthracenedione-based regimen? *If Yes, skip to Section C*
 - Yes, anthracycline-based regimen
 - Yes, anthracenedione-based regimen
 - No

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13. Are anthracycline and anthracenedione-based regimens contraindicated for the patient?
 Yes No *Skip to Section C*

Section C: All Other B-Cell Lymphoma Subtypes and common requirements

14. Will Kymriah be used as subsequent treatment for the disease? Yes No
15. Does the patient have primary central nervous system lymphoma? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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