

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Tavalisse (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Aetna Better Health New Jersey at **1-855-296-0323**.

When conditions are met, we will authorize the coverage of Tavalisse (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (circle drug)

Tavalisse (fostamatinib)

Other, specify drug _____

Quantity _____ Frequency _____ Strength _____

Route of administration _____ Expected length of therapy _____

Patient information

Patient name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient phone: _____

Prescribing physician

Physician name: _____

Specialty: _____ NPI number: _____

Physician fax: _____ Physician phone: _____

Physician address: _____ City, state, zip: _____

Diagnosis: _____ **ICD Code:** _____

Circle the appropriate answer for each question.

1. Has Aetna Better Health authorized Tavalisse in the past for this patient (i.e., previous authorization is on file under this plan)? Y N

[If no, skip to question 5.]

2. Has the member had 12 weeks or more of treatment with Tavalisse? Y N

[If no, skip to question 4.]

3. Have the member's platelet count increased to a level sufficient to avoid clinically important bleeding? Y N

[If no, no further questions.]

- | | | |
|---|---|---|
| 4. Will the provider continue to monitor the member's complete blood counts (CBCs), blood pressure, liver function tests (LFTs) regularly throughout therapy with Tavalisse?

[No further questions.] | Y | N |
| 5. Is the member 18 years of age or older?

[If no, no further questions.] | Y | N |
| 6. Does the patient have a diagnosis of chronic immune thrombocytopenia?

[If no, no further questions.] | Y | N |
| 7. Has the patient had an insufficient response to a previous treatment (such as corticosteroid, intravenous immunoglobulin [IVIG], anti-D globulin, Promacta, Nplate)?

[If no, no further questions.] | Y | N |
| 8. Is the member's baseline platelet count less than 30 x 10 ⁹ /L?

[If no, no further questions.] | Y | N |
| 9. Does the provider attest that the member's complete blood count (CBC) including neutrophils and platelet counts will be monitored weekly until a stable platelet count (at least 50 x 10 ⁹ /L) is achieved?

[If no, no further questions.] | Y | N |
| 10. Does the provider attest that the member's liver function tests (LFTs) (for example, alanine aminotransferase [ALT], aspartate aminotransferase [AST] and bilirubin) will be monitored monthly?

[If no, no further questions.] | Y | N |
| 11. Does the provider attest that member's blood pressure will be monitored every 2 weeks until establishment of a stable dose, then monthly thereafter?

[If no, no further questions.] | Y | N |
| 12. Will Tavalisse be concomitantly used with a strong CYP3A4 inducer (for example, phenobarbital, carbamazepine)? | Y | N |

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date

Reference Number: C14257-A / Effective Date: 12/01/2018