reliance|rx℠
15 Earhart Drive, Suite 101, Amherst, NY 14221

# IMATINIB AUTHORIZATION AND RE-AUTHORIZATION

**TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360**

| | |
|---|---|
| Last Name: First Name: | Today's Date: Date Needed: |
| Date of Birth: Sex: Weight: | Prescriber: |
| Home Phone Number: ( ) Work Phone Number: ( ) | Phone Number: ( ) Fax Number: ( ) |
| Home Address: City State Zip | Address: City State Zip |
| Payor:<br>☐ Independent Health<br>☐ Anne Arundel Health System<br>☐ Pharmacy Benefit Dimensions<br>☐ Commercial ☐ Medicare<br>☐ Medicaid ☐ Self-funded<br>Insurance ID: Group Number: | Notes:<br><br>Allergies: |

## DRUG NAME: IMATINIB

☐ New Authorization ☐ Re-Authorization*

Dose: _____

Frequency: _____

Primary Diagnosis: _____

ICD10 Code: _____

Is Imatinib requested by an oncologist or hematologist? ☐ Yes ☐ No

**AND**

Patient is diagnosed with:

☐ Philadelphia chromosome-positive Chronic Myeloid Leukemia (CML) with one of the following:

- ☐ Chronic phase of CML with previous interferon-alpha therapy failure or intolerance **OR**
- ☐ Newly diagnosed adult or pediatric patients in chronic phase **OR**
- ☐ Accelerated phase of CML **OR**
- ☐ CML in blast crisis **OR**
- ☐ Pediatric patients with CML in chronic phase whose disease has recurred after stem cell transplant or who are resistant to interferon-alpha therapy

**OR**

☐ Kit (CD117) positive unresectable and/or metastatic malignant gastrointestinal stromal tumors (GIST)

**OR**

☐ Adjuvant treatment of adult patients following resection of Kit (CD117) positive GIST

**OR**

☐ Adult patient with relapsed or refractory Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL)

## STATEMENT OF MEDICAL NECESSITY

**OR**

☐ Pediatric patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) in combination with chemotherapy

**OR**

☐ Adult patient with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with PDGFR(platelet-derived growth factor receptor) gene rearrangements

**OR**

☐ Adult patient with aggressive systemic mastocytosis (ASM) without the D816V c-kit mutation or with c-kit mutational status unknown.

**OR**

☐ Adult patient with unresectable, recurrent and/or metastatic dermatofibrosarcoma protuberans (DFSP)

**OR**

☐ Adult patient with hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukemia (CEL) who has the FIP1L1-PDGFR alpha fusion kinase (mutational analysis of FISH demonstration of CHIC2 allele deletion) and for patients with HES and/or CEL who are FIP1L1-PDGFR alpha fusion kinase negative or unknown.

**For Re-Authorization:

Has patient demonstrated a hematologic response?
(Please provide documentation)

☐ Yes ☐ No