

# US Family Health Plan

## Prior Authorization Request Form for ibrutinib (**Imbruvica**)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be **faxed to 617-562-5296**

OR

The patient may attach the completed form to the prescription and **mail** it to:

**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

**QUESTIONS? Call 1-877-880-7007**

DOD will allow the clinical PA to provide information for the capsules or the tablets. Currently, the capsules are the preferred agent, so if the provider is willing to write for the capsules, then a new prescription will need to be written – but the PA will not need to be filled out more than once.

**Step 1 Please complete patient and physician information** (please print):

<b>1</b> Patient Name: _____ Address: _____ Sponsor ID #: _____ Date of Birth: _____	Physician Name: _____ Address: _____ Phone #: _____ Secure Fax #: _____
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**Step 2 Please complete the clinical assessment:**

<b>1. Is the patient GREATER THAN or EQUAL to 18 years of age?</b>	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No <b>STOP</b> <b>Coverage not approved</b>
<b>2. Is there laboratory evidence of and pathologic confirmation of one of the following diagnoses?</b> <ul style="list-style-type: none"> <li>• Mantle Cell Lymphoma</li> <li>• Marginal Zone Lymphoma</li> <li>• Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma with or without 17p deletion</li> <li>• Waldenstrom's macroglobulinemia</li> <li>• Chronic Graft versus Host Disease</li> </ul>	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No <b>STOP</b> <b>Coverage not approved</b>
<b>3. Is Imbruvica being prescribed by or in consultation with a hematologist/oncologist?</b>	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No <b>STOP</b> <b>Coverage not approved</b>
<b>4. Imbruvica capsules are the DoD's preferred formulation. Is the prescription for Imbruvica capsules OR will the prescription be changed to the capsule formulation?</b>  <b>NOTE:</b>  <b>1) If the prescription is being changed to the capsule formulation, please submit a new prescription with the PA form.</b>  <b>2) Also, 70mg capsules continue to be marketed.</b>	<input type="checkbox"/> Yes <b>Sign and date below</b>	<input type="checkbox"/> No Proceed to question 5

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5. Please state why the patient cannot take multiple 70 mg (or 140 mg capsules) to achieve the patient's daily dose.

**Step 3** I certify the above is true to the best of my knowledge. Please sign and date:

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

[12 October 2018 ]