



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 of Birth: _____ Sex: _____ Weight: _____		Prescriber: _____	
Home Phone Number: _____ Work Phone Number: _____ ( ) ( )		Phone Number: _____ Fax Number: _____ ( ) ( )	
Home Address: _____ City _____ State _____ Zip _____		Address: _____ City _____ State _____ Zip _____	
Member's Insurance ID: _____		Notes: _____	
Allergies: _____			
DRUG NAME: IMATINIB		STATEMENT OF MEDICAL NECESSITY	
<input type="checkbox"/> New Authorization <input type="checkbox"/> Re-Authorization*  Dose: _____ Frequency: _____ Primary Diagnosis: _____ ICD10 Code: _____  Is Imatinib requested by an oncologist or hematologist? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>AND</b> Patient is diagnosed with: <input type="checkbox"/> Philadelphia chromosome-positive Chronic Myeloid Leukemia (CML) with one of the following: <input type="checkbox"/> Chronic phase of CML with previous interferon-alpha therapy failure or intolerance <b>OR</b> <input type="checkbox"/> Newly diagnosed adult or pediatric patients in chronic phase <b>OR</b> <input type="checkbox"/> Accelerated phase of CML <b>OR</b> <input type="checkbox"/> CML in blast crisis <b>OR</b> <input type="checkbox"/> Pediatric patients with CML in chronic phase whose disease has recurred after stem cell transplant or who are resistant to interferon-alpha therapy <b>OR</b> <input type="checkbox"/> Kit (CD117) positive unresectable and/or metastatic malignant gastrointestinal stromal tumors (GIST)  <b>OR</b> <input type="checkbox"/> Adjuvant treatment of adult patients following resection of Kit (CD117) positive GIST  <b>OR</b> <input type="checkbox"/> Adult patient with relapsed or refractory Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL)		<b>OR</b> <input type="checkbox"/> Pediatric patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) in combination with chemotherapy <b>OR</b> <input type="checkbox"/> Adult patient with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with PDGFR(platelet-derived growth factor receptor) gene rearrangements <b>OR</b> <input type="checkbox"/> Adult patient with aggressive systemic mastocytosis (ASM) without the D816V c-kit mutation or with c-kit mutational status unknown. <b>OR</b> <input type="checkbox"/> Adult patient with unresectable, recurrent and/or metastatic dermatofibrosarcoma protuberans (DFSP) <b>OR</b> <input type="checkbox"/> 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.  <b>**For Re-Authorization:</b>  Has patient demonstrated a hematologic response? (Please provide documentation)  <input type="checkbox"/> Yes <input type="checkbox"/> No	