

Prescriber Criteria Form

Danziten 2025 PA Fax 6748-A v1 020125.docx  
 Danziten (nilotinib)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Danziten (nilotinib).

Drug Name:  
 Danziten (nilotinib)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

<b>Please circle the appropriate answer for each question.</b>			
1	Does the patient have a diagnosis of chronic myeloid leukemia (CML), including patients newly diagnosed with CML or patients who have received a hematopoietic stem cell transplant? [If no, then skip to question 5.]	Yes	No
2	Was the diagnosis confirmed by detection of the Philadelphia chromosome or BCR-ABL gene? [If no, then no further questions.]	Yes	No
3	Has the patient experienced resistance to an alternative tyrosine kinase inhibitor for chronic myeloid leukemia (CML)? [If no, then no further questions.]	Yes	No
4	Is the patient negative for T315I, Y253H, E255K/V, and F359V/C/I mutations? [No further questions.]	Yes	No
5	Does the patient have a diagnosis of acute lymphoblastic leukemia (ALL), including patients who have received a hematopoietic stem cell transplant? [If no, then skip to question 9.]	Yes	No
6	Was the diagnosis confirmed by detection of the Philadelphia chromosome or BCR-ABL gene? [If no, then no further questions.]	Yes	No

7	Has the patient experienced resistance to an alternative tyrosine kinase inhibitor for acute lymphoblastic leukemia (ALL)? [If no, then no further questions.]	Yes	No
8	Is the patient negative for T315I, Y253H, E255K/V, F359V/C/I, and G250E mutations? [No further questions.]	Yes	No
9	Does the patient have a diagnosis of pigmented villonodular synovitis/tenosynovial giant cell tumor?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

<b>Prescriber (or Authorized) Signature:</b> _____ <b>Date:</b> _____
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