

**Health New England**  
**Medication Request Form (MRF)/Prescription Request**  
**Tasigna® (nilotinib)**

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

**Prior Authorization**

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

**Instructions:**

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Tasigna. Please complete this form and fax to ICORE Healthcare at (800)-349-5058. If you have any questions regarding this process, please contact ICORE Healthcare at (800) 350-8119.

**J-Code:**

**Medication Request Information (please complete each section of this form prior to transmittal):**

Patient Information (all required)	Physician Information (all required)
<b>Patient Name:</b>	<b>Physician Name:</b>
	<b>Specialty:</b>
	<b>NPI #:</b>
<b>Patient HNE ID#:</b>	<b>HNE Provider #:</b>
<b>Patient Date of Birth:</b>	<b>DEA #:</b>
<b>Allergies:</b>	<b>Area Code and Telephone #: ( ) -</b>
<b>Diagnosis:</b>	<b>Area Code and Fax # (required): ( ) -</b>

**Drug Information**

<b>Requested Drug:</b> <input type="checkbox"/> Tasigna <b>Note:</b> HNE covers a maximum of 120 tablets per 30 days		
<b>Dose, Directions, and length of treatment (please be specific):</b>	<b>Quantity per month:</b>	<b>Refills:</b>

<b>Physician Signature:</b>	<b>Date:</b>
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**Indication:**

- Member must have a diagnosis of Philadelphia chromosome positive chronic myelogenous leukemia and must be resistant or intolerant to prior therapies that include imatinib (Gleevec).
- Other (please describe): \_\_\_\_\_

**Documentation of Medical Necessity (check all that apply):**

- The prescribing physician is a hematologist and/or oncologist
- Member is 18 years of age or older
- Member has tested positive for Philadelphia chromosome
- Member taking ketoconazole or rifampin
- Member had a baseline ECG and regular monitoring
- Member does not have underlying long QT syndrome
- Member does not have a diagnosis of hypokalemia and/or hypomagnesemia
- Member has severe liver impairment (Child-Pugh C or greater)
- If female, pregnancy has been ruled out or member is using birth control
- Other pertinent history: \_\_\_\_\_