

**Vanflyta® (quizartinib) Prior Authorization Form**

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member ID#: \_\_\_\_\_

**Drug Information**Pharmacy billing (NDC: \_\_\_\_\_) Start Date (or date of next dose): \_\_\_\_\_  
Dose: \_\_\_\_\_ Regimen: \_\_\_\_\_**Pharmacy Information**Pharmacy NPI: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_  
Pharmacy Phone: \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_**Prescriber Information**Prescriber NPI: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_  
Prescriber Phone: \_\_\_\_\_ Prescriber Fax: \_\_\_\_\_ Specialty: \_\_\_\_\_**Criteria****For Initial Authorization:**

1. Please indicate diagnosis and information:

 **Acute Myeloid Leukemia (AML)**A. Is AML newly diagnosed? Yes  No B. Is disease positive for FLT3 internal tandem duplication (FLT3-ITD) as detected by an FDA-approved test? Yes  No 

C. How will quizartinib be used? (select one)

 In combination with standard anthracycline and cytarabine-based induction In combination with standard cytarabine-based consolidation As maintenance therapy following standard anthracycline and cytarabine-based induction and cytarabine-based consolidation Other: \_\_\_\_\_ If diagnosis is not listed above, please indicate diagnosis: \_\_\_\_\_Additional information: \_\_\_\_\_  
\_\_\_\_\_**For Continued Authorization:**

1. Date of last dose: \_\_\_\_\_

2. Does member have any evidence of progressive disease while on quizartinib? Yes  No 3. Has member experienced adverse drug reactions related to quizartinib therapy? Yes  No 

If yes, please specify adverse reactions: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.**

Fax completed prior authorization request form to **888-601-8461** or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at **AetnaBetterHealth.com/Oklahoma**.

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