



Ontak
(Denileukin Diftitox)
Prior Authorization Form

Express Scripts
Phone 800-417-8164
Fax 877-837-5922

Last Name		First Name		Prescriber's Name		Specialty	
Home Phone		Work Phone		Office Phone		Office Fax	
Home Address		City	State	ZIP	Address		City
					State		ZIP
SCAN ID number		Date of Birth		Est. Start Date		Office Contact	
For Specialty Medications Only: Shipping Address (if different from home address) <input type="checkbox"/> Physician <input type="checkbox"/> Home				Special Instructions (i.e. Non-English Speaking Patient, etc.)			

Medication:		Diagnosis:	
Sig:	Qty:	Refills:	ICD 9 Code:

Secondary/ Supplemental Insurance Company	Phone	Name of Insured	ID Number	Group Number
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1. Is the diagnosis or indication for the treatment of patients with persistent or recurrent cutaneous T-cell lymphoma? If no continue to #3
2. Does the patient's malignant cells express CD25 component of IL-2 receptor confirmed by laboratory testing?
3. Is the diagnosis or indication for one of the following:
 - Treatment of chronic lymphocytic leukemia refractory to fludarabine
 - Non-Hodgkin lymphoma
4. Is the prescription recommended or initially written by an Oncologist or Hematologist who is experienced in the use of antineoplastic therapy?
5. Are the following laboratory tests performed prior to initiation of Ontak: CBC, blood chemistry panel, including liver and renal function and serum albumin levels?
6. Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies for administration under the supervision of a Healthcare Professional who is experienced in the use of antineoplastic therapy?
7. Is the place where medication will be administered equipped for cardiopulmonary resuscitation and where the patient is closely monitored?
8. Is the medication supplied and administered by a Physician's office?
9. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?

Physician's Signature: _____ NPI/DEA #: _____ Date: _____

<u>For Internal Use Only</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer's Initials _____ Decision Date _____
Comments _____	