OKLAHOMA Health Care Authority

State of Oklahoma SoonerCare

Amtagvi™ (Lifileucel) Prior Authorization Form

Member Name:_____ ***Date of Birth:***_____ ***Member ID#:***_____

Drug Information

☐ ***Physician billing*** **(HCPCS code:**_____**)** ☐ ***Pharmacy billing*** **(NDC:**_____**)**

Dose:_____ ***Regimen:***_____ ***Start Date (or date of next dose):***_____

Billing Provider Information

Provider NPI:_____ ***Provider Name:***_____

Provider Phone:_____ ***Provider Fax:***_____

Prescriber Information

Prescriber NPI:_____ ***Prescriber Name:***_____

Prescriber Phone:_____ ***Prescriber Fax:***_____ ***Specialty:***_____

Criteria

For Authorization: *(Approvals will be for 1 dose per member per lifetime):*

1. Please include the most recent office visit note or clinical summary from the hospital to support your request. Is this information attached? Yes☐ No☐
2. Please indicate the diagnosis and information:

☐ **Melanoma**

A. Is diagnosis unresectable or metastatic melanoma? Yes☐ No☐

B. Was member previously treated with a PD-1 inhibitor? Yes☐ No☐

C. Is disease BRAF V600 mutation positive? Yes☐ No☐

i. If yes, was member previously treated with a BRAF inhibitor with or without a MEK inhibitor? Yes☐ No☐

D. Will lifileucel be administered in an inpatient hospital setting with an intensive care facility and specialists skilled in cardiopulmonary or intensive care medicine available? Yes☐ No☐

☐ **Other:** _____

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.
Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*