State of Oklahoma
Oklahoma Health Care Authority
Libtayo® (Cemiplimab-rwlc) Prior Authorization Form

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

Drug Information

Physician billing (HCPCS code:_____**)** S**tart Date (or date of next dose):**_____

*Dose:*_____ *Regimen:*_____

Billing Provider Information

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

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

Prescriber Information

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

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

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:
   - ❑ **Cutaneous Squamous Cell Carcinoma (CSCC)**
        A. Is disease metastatic or locally advanced? Yes_____ No_____
        B. Is member eligible for curative surgery or radiation? Yes_____ No_____
        C. Has member received prior immunotherapy agent(s) [e.g., Keytruda® (pembrolizumab), Opdivo® (nivolumab), Yervoy® (ipilimumab)]? Yes_____ No_____
   - ❑ **Other, please provide diagnosis:**_____

Additional Information:_____

_____

For Continued Authorization:

1. Date of last dose:_____
2. Does patient have any evidence of progressive disease while on cemiplimab-rwlc therapy? Yes_____ No_____
3. Has the member experienced any adverse drug reactions related to cemiplimab-rwlc 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.

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.

<table>
<tr><td>PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

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</td><td>CONFIDENTIALITY NOTICE

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