OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare

# Augtyro™ (repotrectinib) 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:

☐ **Non-Small Cell Lung Cancer (NSCLC)**

A. Is NSCLC locally advanced or metastatic? Yes☐ No☐
B. Is NSCLC ROS1-positive? Yes☐ No☐
C. Will repotrectinib be used as a single agent? Yes☐ No☐

☐ **Solid Tumor**

A. Does tumor have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion? Yes☐ No☐
B. Is tumor locally advanced or metastatic or surgical resection is likely to result in severe morbidity? Yes☐ No☐
C. Has tumor progressed following treatment or there is no satisfactory alternative therapy? Yes☐ No☐
D. Will repotrectinib be used as a single agent? Yes☐ No☐

☐ **Other:** _____

Additional information: _____

_____

**For Continued Authorization:**

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on repotrectinib? Yes☐ No☐
3. Has member experienced adverse drug reactions related to repotrectinib therapy? Yes☐ No☐
   *If yes, please specify adverse reactions:* _____

**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 PROVIDE THE INFORMATION REQUESTED AND RETURN TO: | CONFIDENTIALITY NOTICE |
|---|---|
| University of Oklahoma College of Pharmacy<br>Pharmacy Management Consultants<br>Product Based Prior Authorization Unit<br><br>Fax: 1-800-224-4014<br>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.* |