

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

Drug Information

Physician billing (HCPCS code: _____) Start Date: _____

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:

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. Is the health care facility on the certified list to administer chimeric antigen receptor (CAR) T-cells?
Yes ___ No ___
3. Is the health care facility trained in the management of cytokine release syndrome (CRS) and neurologic toxicities? Yes ___ No ___
4. Will the health care facility comply with the Breyanzi® risk evaluation and mitigation strategy (REMS) program requirements? Yes ___ No ___
5. Please indicate the diagnosis and information:
 - Large B-cell lymphoma**
 - A. Is disease status relapsed or refractory? Yes ___ No ___
 - B. Has member received at least 2 lines of systemic therapy? Yes ___ No ___
 - C. Please provide additional information regarding previous therapies member has tried and failed:

 - D. Please provide a patient-specific, clinically significant reason why Kymriah® (tisagenlecleucel) or Yescarta® (axicabtagene) is not appropriate for the member: _____
 - If answer is none of the above, please indicate diagnosis:** _____

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 and attach requested clinical notes will result in processing delays.

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

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