

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

Drug Information

Physician billing (HCPCS code: _____) **Start Date (or date of next dose):** _____
Dose: _____ **Regimen:** _____

Billing Provider Information

SoonerCare Provider ID: _____ **Provider Name:** _____
Provider Phone: _____ **Provider Fax:** _____

Prescriber Information

Prescriber NPI: _____ **Prescriber Name:** _____
Prescriber Phone: _____ **Prescriber Fax:** _____ **Specialty:** _____

Criteria

For Initial Authorization (Initial approval will be for the duration of 6 months):

1. Will inotuzumab ozogamicin be used as a single-agent? Yes ___ No ___
2. Please indicate the diagnosis and information:
 - Acute Lymphoblastic Leukemia (ALL)
 - A. What is the Philadelphia chromosome status of the leukemia?
 - Philadelphia chromosome negative (Ph-) ALL
 - Philadelphia chromosome positive (Ph+) ALL
 - Unknown
 - B. Does the patient have relapsed or refractory disease? Yes ___ No ___
 - C. Is member intolerant/refractory to two or more Tyrosine Kinase Inhibitors (TKIs)?
Yes ___ No ___
 - If answer is none of the above, please indicate diagnosis: _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on inotuzumab ozogamicin?
Yes ___ No ___
3. Has the member experienced adverse drug reactions related to inotuzumab ozogamicin 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.

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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