OKLAHOMA Health Care Authority

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State of Oklahoma SoonerCare

Tecelra® (afamitresgene autoleucel) Prior Authorization Form

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

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. Is the health care facility able to administer cellular therapies? Yes☐ No☐
3. Is the health care facility trained in the management of cytokine release syndrome (CRS) and neurologic toxicities? Yes☐ No☐
4. Please indicate the diagnosis and information:

☐ **Synovial Sarcoma**

A. Is disease unresectable or metastatic synovial sarcoma? Yes☐ No☐
B. Has the member received previous anthracycline or ifosfamide-containing chemotherapy? Yes☐ No☐
C. Is member HLA-A*02:01P, -A*02:02P, A*02:03P, or -A*02:06P positive? Yes☐ No☐
D. Does tumor express melanoma-associated antigen A4 (MAGE-A4) as detected by an FDA-approved test? Yes☐ No☐

☐ **Other:**_____

Additional Information:_____

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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. *Failure to complete this form in full will result in processing delays.*

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.	CONFIDENTIALITY NOTICE *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.*