

State of Oklahoma
Oklahoma Health Care Authority
Imlygic® (Talimogene) Prior Authorization Form



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

Drug Information

Physician billing (HCPCS code: _____)

Dose: _____ Regimen: _____ Start Date: _____

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. Diagnosis of melanoma? Yes ___ No ___
 - A. If answer is 'yes' to question 1, please provide following information:
 - i. Does member have unresectable cutaneous, subcutaneous, or nodal lesions that are recurrent after initial surgery? Yes ___ No ___
 - ii. Does member have visceral metastases? Yes ___ No ___
2. If answer is 'no' to question 1, please indicate diagnosis: _____
3. Please indicate requested information:
 - A. Is the member immunocompromised? Yes ___ No ___
 - B. For women of childbearing potential—Is the member pregnant? Yes ___ No ___

Additional Information: _____

For Continued Authorization:

1. Does member have any evidence of progressive disease while on talimogene? Yes ___ No ___
 2. Has member experienced adverse drug reactions related to talimogene 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.

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. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.

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