

Anktiva[®] (nogapendekin alfa inbakicept-pmIn) Prior Authorization Form

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

Drug Information Physician billing (HCPCS code: _____) Pharmacy billing (NDC: _____)

Dose: _____ Regimen: _____ Start Date (or date of next dose): _____

Billing Provider Information

Provider NPI: _____ Provider Name: _____

Provider Phone: _____ Provider Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria**For Initial Authorization:** (initial approvals will be for 6 induction doses)

1. Please indicate the diagnosis and information:

 Non-Muscle Invasive Bladder Cancer (NMIBC)

A. Does member have a diagnosis of NMIBC with carcinoma in situ (CIS)? Yes ___ No ___

B. Is cancer unresponsive to initial Bacillus Calmette-Guerin (BCG) therapy? Yes ___ No ___

C. Will Anktiva[®] be used in conjunction with BCG? Yes ___ No ___ **If diagnosis is not listed above, please indicate diagnosis:** _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Has the member had a complete response to induction dosing? Yes ___ No ___

a. If yes, is the current request for maintenance dosing? Yes ___ No ___

b. If no, is the current request for a second induction course? Yes ___ No ___

3. Does member have any evidence of disease recurrence or progression while on Anktiva[®]? Yes ___ No ___4. Has member experienced adverse drug reactions related to Anktiva[®] therapy? Yes ___ No ___

a. 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. 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.

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