OKLAHOMA Health Care Authority

# State of Oklahoma SoonerCare

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## Lunsumio™ (Mosunetuzumab-axgb) 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 Initial Authorization:**

1. Please indicate the diagnosis and information:
   - ☐ **Follicular Lymphoma (FL)**
     a. Does member have relapsed or refractory disease after ≥ 2 lines of systemic therapy?
        Yes ☐ No ☐
   - ☐ **If diagnosis is not listed 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 mosunetuzumab-axgb therapy?
   Yes ☐ No ☐
3. Has the member experienced any adverse drug reactions related to mosunetuzumab-axgb 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. Please do not send in chart notes. Specific information will be requested if necessary.*

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|---|---|
| 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.** |  |