



**Tevimbra™ (tislelizumab-jsgr) 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:

**Esophageal Cancer**

A. Is diagnosis unresectable or metastatic esophageal squamous cell carcinoma (ESCC)?

Yes \_\_\_ No \_\_\_

B. Will tislelizumab-jsgr be used after disease progression on prior systemic chemotherapy?

Yes \_\_\_ No \_\_\_

C. Has member previously failed other PD-1 or PD-L1 inhibitors? Yes \_\_\_ No \_\_\_

**Other:** \_\_\_\_\_

Additional Information: \_\_\_\_\_

**For Continued Authorization:**

1. Date of last dose: \_\_\_\_\_

2. Does member have any evidence of progressive disease while on tislelizumab-jsgr therapy?

Yes \_\_\_ No \_\_\_

3. Has member experienced any adverse drug reactions related to tislelizumab-jsgr 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.*

<p>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 <a href="http://AetnaBetterHealth.com/Oklahoma">AetnaBetterHealth.com/Oklahoma</a>.</p>	<p><b>CONFIDENTIALITY NOTICE</b></p>
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