OKLAHOMA
Health Care Authority

State of Oklahoma
SoonerCare
Tecartus® (Brexucabtagene Autoleucel) Prior Authorization Form

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

Drug Information

❑ **Physician billing (HCPCS code:**_____**)** ***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 Authorization:

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 on the certified list to administer CAR T-cells? Yes___ No___
3. Is the health care facility trained in the management of cytokine release syndrome (CRS) and neurologic toxicities? Yes___ No___
4. Will the health care facility comply with the Tecartus® Risk Evaluation and Mitigation Strategy (REMS) Program requirements? Yes___ No___
5. Please indicate the diagnosis and information:
   - ❑ **Mantle cell lymphoma**
     A. Does member have relapsed or refractory disease? Yes____ No____
   - ❑ **Acute Lymphoblastic Leukemia**
     A. Does member have relapsed or refractory disease? Yes____ No____
   - ❑ **If answer is none of the above, please indicate diagnosis:**_____

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 and attach requested clinical notes will result in processing delays.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*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.*