# State of Oklahoma
# SoonerCare
# Aliqopa™ (Copanlisib) 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. Is diagnosis relapsed or refractory follicular lymphoma (FL) ? Yes☐ No☐
2. Has the member must have failed at least 2 prior systemic therapies? Yes ☐ No☐
3. If diagnosis is NOT relapsed or refractory FL, please indicate diagnosis:_____

_____

Additional Information:_____

_____

**For Continued Authorization:**

1. Date of last dose:_____
2. Does member have any evidence of progressive disease while copanlisib therapy? Yes☐ No☐
3. Has member experienced any adverse drug reactions related to copanlisib 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.*

| PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO: | CONFIDENTIALITY NOTICE |
|---|---|
| University of Oklahoma College of Pharmacy<br>Pharmacy Management Consultants<br>Product Based Prior Authorization Unit<br><br>Fax: 1-800-224-4014<br>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.* |