

### Amtagvi™ (Lifileucel) 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 Authorization:** (Approvals will be for 1 dose per member per lifetime):

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. Please indicate the diagnosis and information:

**Melanoma**

A. Is diagnosis unresectable or metastatic melanoma? Yes \_\_\_ No \_\_\_

B. Was member previously treated with a PD-1 inhibitor? Yes \_\_\_ No \_\_\_

C. Is disease BRAF V600 mutation positive? Yes \_\_\_ No \_\_\_

i. If yes, was member previously treated with a BRAF inhibitor with or without a MEK inhibitor? Yes \_\_\_ No \_\_\_

D. Will lifileucel be administered in an inpatient hospital setting with an intensive care facility and specialists skilled in cardiopulmonary or intensive care medicine available?

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

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

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.*

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](http://AetnaBetterHealth.com/Oklahoma).

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