OKLAHOMA Health Care Authority

SoonerSelect | aetna

State of Oklahoma SoonerCare
Brukinsa® (Zanubrutinib) Prior Authorization Form

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

Drug Information

Pharmacy billing (NDC: _____ ***) Start Date (or date of next dose):*** _____

Dose: _____ ***Dosing Regimen:*** _____

Billing Provider Information

Pharmacy NPI: _____ ***Pharmacy Name:*** _____

Pharmacy Phone: _____ ***Pharmacy Fax:*** _____

Prescriber Information

Prescriber NPI: _____ ***Prescriber Name:*** _____

Prescriber Phone: _____ ***Prescriber Fax:*** _____ ***Specialty:*** _____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:

☐ **Mantle Cell Lymphoma (MCL)**

A. Has member received at least 1 prior therapy? Yes ☐ No ☐

☐ **Marginal Zone Lymphoma (MZL)**

A. Has member received at least 1 prior anti-CD20 monoclonal antibody-based therapy? Yes ☐ No ☐

☐ **Waldenström's Macroglobulinemia**

A. Will Brukinsa® be used as primary therapy? Yes ☐ No ☐

B. Will Brukinsa® be used as subsequent treatment? Yes ☐ No ☐

☐ **Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)**

☐ **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 zanubrutinib? Yes ☐ No ☐
3. Has the member experienced any adverse drug reactions related to zanubrutinib therapy? Yes ☐ No ☐

If yes, please specify adverse reactions: _____

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.*

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.**	