OKLAHOMA Health Care Authority

# State of Oklahoma SoonerCare

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## Omisirge® (Omidubicel-onlv) Prior Authorization Form

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

## Drug Information

***Physician billing (HCPCS code:_____) Start Date (or date of next dose):_____***

***Dose:_____ Dosing 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:

☐ **Hematological Malignancy** (Please specify: _____)

A. Is an allogenic stem cell transplant using an umbilical cord blood donor source planned? Yes☐ No☐

i. If yes, documentation of the donor source must be provided: _____

_____

B. Will a myeloablative conditioning regimen be used? Yes☐ No☐

i. If yes, documentation of the member's conditioning regimen must be provided: _____

_____

C. Will omidubicel-onlv be used to reduce time to neutrophil recovery and incidence of infection? Yes☐ No☐

☐ **If diagnosis is not listed 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 will result in processing delays.*

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|---|---|
| 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**. | CONFIDENTIALITY NOTICE<br>*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.* |