

State of Oklahoma
Oklahoma Health Care Authority
Imlygic® (Talimogene) Prior Authorization Form

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

Drug Information

Physician billing (HCPCS code: _____)
Dose: _____ **Regimen:** _____ **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 Initial Authorization (Initial approval will be for the duration of 6 months):

1. Diagnosis of melanoma? Yes ___ No ___
 - A. If answer is 'yes' to question 1, please provide following information:
 - i. Does member have unresectable cutaneous, subcutaneous, or nodal lesions that are recurrent after initial surgery? Yes ___ No ___
 - ii. Does member have visceral metastases? Yes ___ No ___
2. If answer is 'no' to question 1, please indicate diagnosis: _____
3. Please indicate requested information:
 - A. Is the member immunocompromised? Yes ___ No ___
 - B. For women of childbearing potential—Is the member pregnant? Yes ___ No ___

Additional Information: _____

For Continued Authorization:

1. Does member have any evidence of progressive disease while on talimogene? Yes ___ No ___
 2. Has member experienced adverse drug reactions related to talimogene 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:

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

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