OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare

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Romvimza™(vimseltinib) Prior Authorization Form

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

Drug Information

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

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

Pharmacy 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:
   - ☐ Tenosynovial Giant Cell Tumor (TGCT)
   - ☐ Other: _____
2. Is member a candidate for surgical resection? Yes____ No____

Additional Information:_____

_____

_____

For Continued Authorization:

1. Date of last dose:_____
2. Does member have any evidence of progressive disease while on vimseltinib? Yes____ No____
3. Has the member experienced adverse drug reactions related to vimseltinib 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. *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 throughCoverMyMeds® 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 *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.*