

Ryoncil[®] (remestemcel-L-rknd) Prior Authorization Form

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

Drug Information

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

Dose: _____ 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** (initial approvals will be for a maximum of 8 infusions):

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. Indicate the diagnosis and information:

 Acute Graft Versus Host Disease (aGVHD)A. Is aGVHD steroid refractory? Yes No B. Is member an allogeneic hematopoietic stem cell transplant (HSCT) recipient? Yes No

C. Member's body weight: _____ (kg); Date Taken: _____

 Other: _____

Additional Information: _____

For Continued Authorization:

1. Date of last infusion: _____

2. Does member have any evidence of progressive disease while on Ryoncil
- [®]
- ? Yes
-
- No
-

3. Has the member experienced adverse drug reactions related to Ryoncil
- [®]
- therapy? Yes
-
- No
-

If yes, please specify adverse reactions: _____

****Please submit clinical documentation to support the need for additional infusions****

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.**CONFIDENTIALITY NOTICE**

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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.