OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare

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Zevaskyn™ (prademagene zamikeracel) Prior Authorization Form

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

Drug Information

Physician billing (HCPCS code:_____) Start Date:_____

Billing Provider Information

Provider NPI:_____ Provider Name:_____

Provider Phone:_____ Provider Fax:_____

Prescriber Information

Prescriber NPI:_____ Prescriber Name:_____

Prescriber Phone:_____ Prescriber Fax:_____ Specialty:_____

Criteria

For Authorization: *(Approvals will be for 1 year for 1 treatment cycle)*

1. Clinical documentation (i.e., recent office notes) must be submitted with the request documenting the member's treatment plan. Is this information attached? Yes☐ No☐
2. Please indicate the diagnosis and information

☐ **Recessive Dystrophic Epidermolysis Bullous (RDEB)**

a. Will Zevaskyn™ be used for the treatment of wounds associated with RDEB? Yes☐ No☐
b. Was diagnosis confirmed by biallelic pathogenic variants in the collagen type VII alpha 1 chain (*COL7A1*) gene? Yes☐ No☐ ***(results of genetic testing must be submitted with request)***
c. Is Zevaskyn™ prescribed by a dermatologist at a qualified treatment center with expertise in the treatment of RDEB? Yes☐ No☐
d. Has member been counseled and will not use other epidermolysis bullous products (e.g., Vyjuvek®, Filsuvez®) on wounds treated with Zevaskyn™? Yes☐ No☐
e. Will Zevaskyn™ be administered at a Zevaskyn™ qualified treatment center? Yes☐ No☐
   Name of facility: _____
f. Does the receiving facility have a mechanism in place to track the patient-specific Zevaskyn™ from receipt to storage to administration? Yes☐ No☐

☐ **Other:** _____

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.

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.