



Zynlonta® (loncastuximab tesirine-lpyl) Prior Authorization Form

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

Drug Information

☐ Physician billing (HCPCS code: _____) ☐ Pharmacy billing (NDC: _____)

Start Date (or date of next dose): _____ **Dose:** _____

Dosing Regimen: Cycles 1 & 2 _____ **Subsequent Cycles:** _____

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:

☐ **Diffuse Large B-cell Lymphoma (DLBCL)**

A. Please select 1 of the following:

☐ DLBCL not otherwise specified

☐ DLBCL arising from low grade lymphoma

☐ High-grade B-cell lymphoma

☐ Other, please specify: _____

B. Is disease relapsed or refractory after 2 or more lines of systemic therapy? Yes ☐ No ☐

C. Please provide a patient-specific, clinically significant reason why tafasitamab in combination with lenalidomide is not appropriate for the member: _____

☐ **If diagnosis is not listed of the above, please indicate diagnosis:** _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does the member have any evidence of progressive disease while on Zynlonta®? Yes ☐ No ☐

3. Has the member experienced adverse drug reactions related to Zynlonta® therapy? Yes ☐ No ☐

If yes, please specify adverse reactions: _____

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 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.

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