



Monjuvi® (tafasitamab-cxix) 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:

1. Please indicate the diagnosis and information:

Diffuse Large B-Cell Lymphoma (DLBCL)

- A. Is disease relapsed or refractory? Yes ___ No ___
B. Will tafasitamab-cxix be used in combination with lenalidomide? Yes ___ No ___
C. Is member eligible for autologous stem cell transplant? Yes ___ No ___
D. Is member a candidate for CAR T-cell therapy? Yes ___ No ___

Follicular Lymphoma (FL)

- A. Is disease classic FL? Yes ___ No ___
B. Will tafasitamab-cxix be used as second line or later line of therapy? Yes ___ No ___
C. Will tafasitamab-cxix be used in combination with lenalidomide and rituximab? Yes ___ No ___
D. Has member received at least 1 prior systemic therapy including an anti-CD20 monoclonal antibody? Yes ___ No ___

Other: _____

For Continued Authorization:

- 1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on tafasitamab-cxix? Yes ___ No ___
3. Has the member experienced adverse drug reactions related to tafasitamab-cxix 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.

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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