

Bizengri® (zenocutuzumab-zbco) Prior Authorization Form**Member Name:** _____ **Date of Birth:** _____ **Member ID#:** _____**Drug Information****Physician billing (HCPCS code:** _____ **) Start Date:** _____**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:

- Non-Small Cell Lung Cancer (NSCLC)**
 Pancreatic Cancer
 Other: _____

2. Is disease advanced, unresectable or metastatic NSCLC or pancreatic adenocarcinoma?

Yes ___ No ___

3. Is disease neuregulin 1 (*NRG1*) gene fusion-positive? Yes ___ No ___

4. Is there disease progression on or after prior systemic therapy? Yes ___ No ___

5. Will Bizengri® be used as a single agent? Yes ___ No ___

Additional information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on Bizengri®? Yes ___ No ___

3. Has the member experienced adverse drug reactions related to Bizengri®? 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. Please do not send in chart notes. Specific information will be requested if necessary.*****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**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.*