

Koselugo[®] (selumetinib) Prior Authorization Form**Member Name:** _____ **Date of Birth:** _____ **Member ID#:** _____**Drug Information****Pharmacy billing (NDC:** _____ **) Start Date (or date of next dose):** _____**Dose:** _____ **Regimen:** _____**Pharmacy Information****Pharmacy NPI:** _____ **Pharmacy Name:** _____**Pharmacy Phone:** _____ **Pharmacy Fax:** _____**Prescriber Information****Prescriber NPI:** _____ **Prescriber Name:** _____**Prescriber Phone:** _____ **Prescriber Fax:** _____ **Specialty:** _____**Criteria****For Initial Authorization:****1. Please indicate the diagnosis and information:** **Neurofibromatosis Type 1 (NF1)**

a. Does member have NF1 with symptomatic, inoperable plexiform neurofibromas? Yes ___ No ___

b. Member's body surface area (BSA): _____; Date obtained: _____

c. If requesting 5mg or 7.5mg oral granule formulation, is the member unable to swallow whole capsules? Yes ___ No ___

 Other: _____**For Continued Authorization:**

1. Date of last dose: _____

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

3. Has the member experienced adverse drug reactions related to selumetinib therapy? Yes ___ No ___

If yes, please specify adverse reactions: _____**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. 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 UnitFax: 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.*