

State of Oklahoma Oklahoma Health Care Authority Vitrakvi[®] (Larotrectinib) Prior Authorization Form

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| ve disease while on larotrectinib? Yes No ons related to larotrectinib therapy? Yes No |
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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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