OKLAHOMA
Health Care Authority

# State of Oklahoma
# SoonerCare
# Pedmark® (Sodium Thiosulfate) Prior Authorization Form

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

## Drug Information

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

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

## 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:
   - ☐ **Localized, non-metastatic sold tumor**
     - A. Is the member at risk of ototoxicity due to cisplatin therapy? Yes ☐ No ☐
       - i. If yes, please provide cisplatin regimen:
         Frequency of chemotherapy cycles: _____ Number of chemotherapy cycles: _____
         Number of treatment days per cycle: _____Number of chemotherapy cycles remaining: _____
     - B. Does member have a baseline serum sodium <145mmol/L? Yes ☐ No ☐
   - ☐ **If diagnosis is not listed above, please indicate diagnosis**: _____

Additional Information: _____

_____

**For Continued Authorization:**

1. Is the member compliant with therapy? Yes☐ No☐
2. Is the member responding well to therapy? Yes☐ No☐
3. Number of chemotherapy cycles remaining: _____

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.*** *Failure to complete this form in full will result in processing delays.*

| PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO: | CONFIDENTIALITY NOTICE |
|---|---|
| University of Oklahoma College of Pharmacy<br>Pharmacy Management Consultants<br>Product Based Prior Authorization Unit<br><br>Fax: 1-800-224-4014<br>Phone: 1-800-522-0114 Option 4 | *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.* |