SoonerCare
Oklahoma Health Care Authority

State of Oklahoma
Oklahoma Health Care Authority
Sovaldi™ Initiation Prior Authorization Form

Member Name: _____ ***Date of Birth:*** _____ ***Member ID#:*** _____
Pharmacy NPI: _____ ***Pharmacy Phone:*** _____ ***Pharmacy Fax:*** _____
Pharmacy Name: _____ ***Pharmacist Name:*** _____
Prescriber NPI: _____ ***Prescriber Name:*** _____ ***Specialty:*** _____
Prescriber Phone: _____ ***Prescriber Fax:*** _____ ***Drug Name:*** _____
NDC: _____ ***Start Date:*** _____

Clinical Information

1. Diagnosis: _____ HCV Genotype (including subtype): _____
2. METAVIR Fibrosis Stage: _____ Date Determined: _____
3. Does member have decompensated hepatic disease (CTP class B or C)? Yes___ No___
4. Has the member been evaluated by a gastroenterologist, infectious disease specialist, or a transplant specialist within the past 3 months? Yes___ No___
5. If yes, please include name of specialist recommending hepatitis C treatment: _____
6. Please indicate regimen below (if member is IFN ineligible please specify reasoning):
   - ☐ Sovaldi™ 400mg daily w/ weight-based RBV plus weekly PEG/IFN x 84 days (12 weeks)
   - ☐ Sovaldi™ 400mg daily w/ weight-based RBV x 84 days (12 weeks)
   - ☐ Sovaldi™ 400mg daily w/ weight-based RBV x 168 days (24 weeks)
   - ☐ Other: _____**
     ***Please supply reference citation to support requested therapy.*
   - ☐ Sovaldi™ 400mg daily w/ weight-based RBV x 336 days (48 weeks)**
     ***Approvals for 48 weeks will only be granted for HCV infected members with hepatocellular carcinoma meeting the MILAN criteria. Does member have tumor ≤5cm in diameter with single hepatocellular carcinomas and not more than 3 tumor nodules, each ≤3cm in diameter and no extrahepatic manifestations of the cancer or evidence of vascular invasion of tumor? Yes___ No___*
7. Has the member signed the intent to treat contract**? Yes___ No___
   ***Required for processing of prior authorization request*
8. Has the member had illicit IV drug use or alcohol abuse in the last 6 months? Yes___ No___
9. Has the member initiated immunization with the hepatitis A and B vaccines? Yes___ No___
10. For women of childbearing potential (and male patients with female partners of childbearing potential):
    - ☐ Patient is not pregnant (or a male with a pregnant female partner) and not planning to become pregnant during treatment or within 6 months of completing treatment
    - ☐ Agreement that partners will use two forms of effective non-hormonal contraception during treatment and for at least 6 months after completing treatment
      Please list non-hormonal birth control options discussed with member _____
    - ☐ Verification that monthly pregnancy tests will be performed throughout treatment
11. Is the member taking any of the following medications: amiodarone, rifampin, rifabutin, rifapentine, carbamazepine, eslicarbazepine, phenytoin, oxcarbazepine, tipranavir/ritonavir, didanosine or St. John's wort? Yes___ No___
12. Have all other clinically significant issues been addressed prior to starting therapy? Yes___ No___

☐ I recommend this patient be followed by an OHCA Care Management Nurse.

Members must be adherent for continued approval. Treatment gaps of therapy longer than 3 days will result in denial of payment for subsequent requests for continued therapy. Refills must be prior authorized.

Prescriber Signature: _____ **Date:** _____
Has the member been counseled on appropriate use of Sovaldi™ therapy? Yes___ No___

Pharmacist Signature: _____ **Date:** _____
Please do not send in chart notes. Specific information/documentation will be requested if necessary.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
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	*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.*