



State of Oklahoma
SoonerCare

Hyftor™ (Sirolimus topical gel) Prior Authorization Form

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

Drug Information

Pharmacy Billing (NDC: _____) Start Date (or date of next dose): _____
Dose: _____ Regimen: _____

Billing Provider Information

Pharmacy NPI: _____ Pharmacy Name: _____
Pharmacy Phone: _____ Pharmacy Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____
Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria

For Initial Authorization: (Initial approvals will be for a duration of 12 weeks)

1. Does member have a documented diagnosis of facial angiofibromas associated with tuberous sclerosis complex (TSC)? Yes ___ No ___
2. Does member have facial angiofibromas that are at least 2mm in diameter with redness in each? Yes ___ No ___
3. If member is older than 20 years of age, are medical issues caused by facial angiofibromas? Yes ___ No ___
 - a. If yes, please provide specific documentation of clinically significant medical issues. (Hyftor™ is not covered for cosmetic use.) _____

Additional Information: _____

For Continued Authorization:

1. Is the member responding well to treatment? Yes ___ No ___
2. Anticipated duration of treatment: _____

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 do not send in chart notes. Specific information will be requested if necessary.

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