OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare
Provenge® (Sipuleucel-T) Prior Authorization Form

***Member Name:*____________________ *Date of Birth:*______________ *Member ID#:*____________________**

Drug Information

***Physician billing (HCPCS code:*____________*)* *Start Date:*_______________________________________**

***Dose:*____________________________________ *Regimen:*____**

Billing Provider Information

***Provider NPI:*______________________________ *Provider Name:*_____________________________________**

***Provider Phone:*______________________________ *Provider Fax:*____________________________________**

Prescriber Information

***Prescriber NPI:*________________________ *Prescriber Name:*_______________________________________**

***Prescriber Phone:*________________ *Prescriber Fax:*________________ *Specialty*:____________________**

Criteria

For Authorization *[approvals will be for 1 treatment course (3 doses) per member per lifetime]:*

1. Please indicate the diagnosis and information:
   - ❑ Castration-Resistant Prostate Cancer (CRPC)
   - ❑ Other ______________________________
2. Is the diagnosis metastatic CRPC? Yes____ No____
3. Is member asymptomatic or minimally symptomanic? Yes____ No____
4. Does the member have hepatic metastases? Yes____ No____
5. Does the member have a life expectancy greater than 6 months? Yes____ No____
6. Please provide the member's ECOG performance status: ________

Additional Information: ____

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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 all pages will result in processing delays.

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.*