OKLAHOMA Health Care Authority

State of Oklahoma SoonerCare
Hepzato Kit™ (Melphalan) Prior Authorization Form

SoonerSelect | aetna

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

Drug Information

Physician billing (HCPCS code:_____) Start Date (or date of next dose):_____

Dose:_____ Dosing 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 Initial Authorization:

1. Please indicate the diagnosis and information:

☐ **Uveal Melanoma**

A. Is the diagnosis metastatic uveal melanoma? Yes☐ No☐
B. Is there presence of hepatic metastases affecting <50% of the liver? Yes☐ No☐
C. Are there other extrahepatic metastases? Yes☐ No☐
   i. If yes, is the presence of extrahepatic metastases limited to the bone, lymph nodes, subcutaneous tissue, and/or lung that is amenable to resection or radiation? Yes☐ No☐

☐ If diagnosis is not listed above, please indicate diagnosis:_____

Additional Information: _____

_____

For Continued Authorization:

1. Date of last dose:_____
2. Does member have any evidence of progressive disease while on melphalan? Yes☐ No☐
3. Has the member experienced adverse drug reactions related to melphalan therapy? Yes☐ No☐

*If yes, please specify adverse reactions:*_____

_____

_____

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.*

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.	CONFIDENTIALITY NOTICE *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.*