State of Oklahoma

SoonerCare

Petition for Medication Prior Authorization

Member Name: ______________________________

Member ID: ☐☐☐☐☐☐☐☐☐ ***Date of Birth:*** ☐☐/☐☐/☐☐☐☐

Section 1 (To Be Completed By Dispensing Pharmacy)

Pharmacy Name: ______________________ ***Pharmacy Phone:*** (☐☐☐)☐☐☐-☐☐☐☐

Pharmacy NPI: ☐☐☐☐☐☐☐☐☐☐ ***Pharmacy Fax:*** (☐☐☐)☐☐☐-☐☐☐☐

Medication: ______________ ***Strength:*** ________ ***Regimen:*** ________

NDC Number: ☐☐☐☐☐-☐☐☐☐-☐☐

Fill Date: __________ ***Fill Quantity:*** ________ ***Day Supply:*** ______ ***Refills:*** ______

Pharmacist Name (signed): ______________________ ***Date:*** __________

Prescriber Name (printed): ______________________ ***Prescriber Phone:*** (☐☐☐)☐☐☐-☐☐☐☐

Prescriber NPI: ☐☐☐☐☐☐☐☐☐☐ ***Prescriber Fax:*** (☐☐☐)☐☐☐-☐☐☐☐

Section 2 (To Be Completed By Appropriate Health Care Provider)

Diagnosis / Disease State: ______________________________ **ICD:** ________

Previous Tier-1 Trials / OTC Trials: ______________________________

(Important: Include medication name, dosage, date range of trial, and reason for failure of trial.)

____

____

Prescriber Signature: ______________________ ***Date:*** __________

(Signature of prescriber or individual completing above information, indicating information is accurate and verifiable in patient records)

Please provide the requested information and return to:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Prior Authorization Department

Fax	*Phone*
OKC Metro: (405) 271-4014	*OKC Metro: (405) 522-6205**
Toll Free: (800) 224-4014	*Toll Free: (800) 522-0114**

**(Select option 4.)*

For SoonerCare Pharmacy Information, see: oklahoma.gov/ohca

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OHCA Approved - 10/11/2021