SoonerCare
Oklahoma Health Care Authority

State of Oklahoma
Oklahoma Health Care Authority

Hepatitis C Therapy Intent to Treat Contract

Member Name: ___________________________ ***Date of Birth:***_____________ ***Age:*** _____ ***years*** _____***months***

Member ID#:_________________***Prescriber NPI:*** ___________________ ***Prescriber Name:*** ____________________

Specialty:__________________ ***Prescriber Phone:***__________________ ***Prescriber Fax:*** _____________________

Drug Name:________________________ ***Hepatitis C Regimen:***____

To be completed by member after discussion of therapy with prescriber.
Contract is required for processing of prior authorization requests.

Please Initial after each line and sign at the bottom. Please complete all applicable blanks.

1. I am ready to start treatment on the following date:________________ **Initials**_____
2. I have been counseled on how to take hepatitis C medications and understand how to take my medications, the potential side effects, and importance of finishing all of the therapy. **Initials**_____
3. I will take my medications exactly how my doctor instructed and I will not miss doses. **Initials**_____
4. I understand that if I miss taking my medications more than 3 days in a month SoonerCare will no longer provide payment for my hepatitis C medications. **Initials**_____
5. For members requesting Olysio™: I understand that after finishing 12 weeks of Olysio™ treatment I am required to continue to take pegylated interferon and ribavirin for an additional 12 or 36 weeks. **Initials**_____
6. My prescriber has counseled me on the harms of illicit IV drug use and alcohol use and I will not use illicit IV drugs or alcohol while on my hepatitis C medications or after I finish my hepatitis C medications. **Initials**_____
7. I will not use IV drugs or alcohol while on treatment or after completion of therapy. **Initials**_____
8. I understand that random drug testing is required. **Initials**_____
9. I am not pregnant or my female partner is not pregnant. **Initials**_____
10. I am not planning to become pregnant or my female partner is not planning to become pregnant during treatment or within 6 months of completing treatment. **Initials**_____
11. I will use the following two forms of effective non-hormonal birth control during treatment and for at least 6 months after completing treatment: _________________________________ **Initials**_____
12. I will undergo monthly pregnancy tests throughout treatment (female members only) or my female partner will undergo monthly pregnancy tests throughout my treatment. **Initials**_____
13. I have discussed all medications I am currently taking or plan to take with my hepatitis C prescriber including over the counter medications and supplements. **Initials**_____
14. I do not have other medical issues that will prevent me from taking my treatment as prescribed. **Initials**_____
15. I have a pending Medicare/Social Security disability case. **Yes**_____ **No**_____ **Initials**_______
16. I understand this hepatitis C treatment will use up to 3 "punches"/prescriptions of my 6 total allowed per month by SoonerCare. **Initials**_____
17. I will work with one pharmacy to make sure my SoonerCare pharmacy benefit is used correctly during my treatment for hepatitis C. **Initials**_____
    Pharmacy Name_______________________ **Phone**_________________
18. I understand I may be contacted by an OHCA care management nurse to discuss my treatment. **Initials**_____

I have read the above statements, and understand the agreement.

Member Signature: ________________________________ **Date:** _______________________
Prescriber Signature: ______________________________ **Date:** _______________________

Required for processing prior authorization request.
By signature, the member or prescriber confirms the above information is accurate.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

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

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