SoonerCare
Oklahoma Health Care Authority

State of Oklahoma
Oklahoma Health Care Authority
Hepatitis C Therapy Continuation Prior Authorization Form

Member Name: _____ ***Date of Birth:*** _____ ***Member ID#:*** _____
Pharmacy Name: _____ ***Pharmacy NPI:*** _____
Pharmacy Phone: _____ ***Pharmacy Fax:*** _____
Pharmacist Name: _____ ***Prescriber Name:*** _____
Prescriber NPI: _____ ***Specialty:*** _____
Prescriber Phone: _____ ***Prescriber Fax:*** _____

Pharmacy Section

Member's Hepatitis C Therapy Regimen: _____

_____

Drug Name: _____ ***NDC:*** _____

Today's Date: _____ ***Date Prescription Last Filled:*** _____

Date Member Took First Dose: _____ ***Expected End Date:*** _____

Actual* Number of doses remaining today: _____ ***Refill Number:*** _____

*Do **NOT** estimate doses on hand

Did the member fill ribavirin? Yes____ No_____

Date ribavirin last filled: _____ ***Remaining Supply:*** _____

Pharmacist Signature: _____ **Date:** _____

By signature, the pharmacist confirms the above information is accurate.
Please do not send in chart notes. Specific information/documentation will be requested if necessary.

Prescriber Section

Initial Viral Load _____ ***Date Tested:*** _____

Recent Viral Load _____ ***Date Tested:*** _____

Recent Urine Drug Screen? Yes____ No____ Date Tested: _____

Monthly Pregnancy Test?** Yes____ No____ NA____ Date Tested: _____

***Required for female members and female partners of male members.*

Has the member experience any adverse drug reactions related to hepatitis C therapy?

Yes____ No____

If yes, please specify reactions: _____

_____

Prescriber Signature: _____ **Date:** _____

By signature, the prescriber confirms the above information is accurate.
Please do not send in chart notes. Specific information/documentation will be requested if necessary.

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