# State of Oklahoma
# Oklahoma Health Care Authority
# Erythropoietin Stimulating Agents Prior Authorization Request

***Member Name:*** ________________________ ***Date of Birth:*** _____________***Member ID#:***________________

## Drug Information

***Medication Name:***_______________________________________________ ***Strength:***_______________

***Dose:***___________________________ ***Regimen:***___________________ ***Start Date:***________________

- ❑ ***Physician billing: HCPCS code:***____________ ***Billing units:*** __________________
- ❑ ***Pharmacy billing: NDC:***______________________ ***Fill Quantity:*** ________ ***Day Supply:*** ______

## Billing Provider Information

***Provider NPI:***____________________________ ***Provider Name:***________________________________

***Provider Phone:*** _________________________ ***Provider Fax:***__________________________________

## Prescriber Information

***Prescriber NPI:*** __________________________***Prescriber Name:***_____________________________

***Prescriber Phone:*** _______________________***Prescriber Fax:***_________________________________

## Criteria

***Diagnosis:***____________________________________________ ***ICD:*** _______________________

***Hb:***____________***g/dL*** ***or*** ***Hct:***______________***%*** ***Date Recorded:***_________________

***Is the member on dialysis? Yes***____ ***No***____

***Additional Information:*** ______________________________________________________________

_____________________________________________________________________________________

***Prescriber Signature:*** ______________________________________ ***Date:*** __________________________

***(By signature, the physician confirms the criteria information above is accurate and verifiable in patient records.)***

| PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO: | CONFIDENTIALITY NOTICE |
|---|---|
| University of Oklahoma College of Pharmacy<br>Pharmacy Management Consultants<br>Product Based Prior Authorization Unit<br>Fax: 1-800-224-4014<br>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.* |