

## **Pharmacy Update**

Pharmacy Help Desk Phone Numbers 405-522-6205 option 4 or 800-522-0114 option 4 Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p) Email: <a href="mailto:pharmacy@okhca.org">pharmacy@okhca.org</a> OHCA Website: <a href="www.okhca.org">www.okhca.org</a>

May 21, 2008

#### **OHCA Pharmacy Phone and Fax Numbers Have Not Changed**

Please note that the toll-free phone & fax numbers listed on the *Petition for Medication Prior Authorization (OHCA Form Pharm-4)* included in the recent direct mailing to pharmacies are incorrect. Both of these numbers indicate the toll-free area code (866), but the correct toll-free prefix remains (800).

#### The correct numbers are:

OHCA Pharmacy Help Desk: (800) 522-0114, option 4 or (405) 522-6205, option 4

Pharmacy Prior Authorization Fax: (800) 224-4014 or (405) 271-4014

A corrected version of the *Petition for Medication Prior Authorization* follows this page. Updated versions of all PA forms may be downloaded from the pharmacy page of the OHCA website, <a href="www.okhca.org">www.okhca.org</a>.

#### Clarification of Tamper Resistant Prescription Pad Requirement for Schedule II Drugs

The Centers for Medicare and Medicaid Services (CMS) recently issued a clarification regarding federal tamper-resistant prescription requirements:

If a prescription for a Schedule II drug is written on paper that is not tamper resistant, the pharmacist may call the prescriber to confirm that the prescription is authentic. If the prescription's authenticity is confirmed, documentation of this call will bring the prescription into compliance with the tamper resistance requirements.

(The previous interpretation of tamper resistance requirements indicated that calling the prescriber to confirm authenticity was not sufficient to bring prescriptions for Schedule II drugs into compliance.)

### Clarification of "Dear Provider" Letter Dated May 12, 2008

Pharmacies that also have durable medical equipment supplier contracts may have received a letter from OHCA dated 5/12/2008. The letter instructs providers that additional information such as taxonomy codes and Zip+4 will be required on claims submitted on or after May 22. This information applies to electronic DME claims for items like diabetic supplies, but does not apply to pharmacy claims. Point of sale pharmacy claims submitted electronically through the NCPDP standard will require only the pharmacy and prescriber NPIs in order to process correctly.

We appreciate the services you provide to Oklahomans insured by SoonerCare.



# State of Oklahoma Oklahoma Health Care Authority Petition for Medication Prior Authorization

Member Name:	
Member ID: Date of Birth:	
Section 1 (To Be Completed By Dispensing Pharmacy)	
Pharmacy Name: Phone: (	<u> </u>
Pharmacy NPI: Pharmacy Fax:	<u> </u>
Medication: Strength: Reg	imen:
NDC Number:	
Fill Date: Day Supply	r: Refills:
Pharmacist Name (signed): D	Oate:
Prescriber Name (printed): Prescriber Phone:	<u> </u>
Prescriber NPI:  Prescriber (  Fax:	<u> </u>
Section 2 (To Be Completed By Appropriate Health Care Provider)	
Diagnosis / Disease State:	(OD 0)
Previous Tier-1 Trials / OTC Trials:	
(Important: Include medication name, dosage, date range of trial, and reason for failure of trial.)	
rescriber Signature: Date: (Required for Schedule II Drugs)	

Please provide the requested information and return to:

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

<u>Fax</u> OKC Metro: (405) 271-4014 Toll Free: (800) 224-4014

Phone
OKC Metro: (405) 522-6205\*
Toll Free (800) 522-0114\*

\*(Select option 4.)

For SoonerCare Pharmacy Information, see: www.okhca.org

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