SoonerCare
Oklahoma Health Care Authority

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: _____ ***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-9:*** | | | - | |

Previous Tier-1 Trials / OTC Trials: _____

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

_____

_____

Prescriber 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

Fax
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