

**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
PHARMACY LOCK-IN REFERRAL FORM
Patient Review and Restriction Program**

LOCK-IN UNIT PHONE: 1-800-522-0114 opt 4

LOCK-IN UNIT FAX: 1-866-335-3331

This form is used for referring members with possible medication over utilization to the Lock-in program to evaluate the need for possible lock-in to ONE prescriber and ONE pharmacy.

Referral Information

Referral Source: Health Care Provider Emergency Department
 Pharmacy Other: _____
 Caseworker

Referral Name: _____ **Referral Phone:** _____

Date of Referral: _____

Member Information

Member Name: _____

Member ID: _____

Member DOB: _____

Reason for Referral

Multiple Pharmacies Multiple ER visits
 Multiple Prescribers Concern for Member Safety
 Other

Description of referral reason: _____
