

SoonerCare 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: pharmacy@okhca.org OHCA Website: www.okhca.org

April 19, 2006

Dear Pharmacy Provider,

Over-Utilization of Medications? – Below is an example of the PHARM-16 (Pharmacy Lock-In Referral). This form is located on the Pharmacy Forms page: <http://www.okhca.org/providers/rx/forms>. The PHARM-16 is used for referring members with possible medication over-utilization to the Lock-In program. An OHCA medical professional will review the member’s file and determine whether they need to be locked-in to one pharmacy for their SoonerCare covered prescription claims.

**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
PHARMACY LOCK-IN REFERRAL FORM**

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 pharmacy.

Referral Information	
Referral Source: <input type="checkbox"/> Health Care Provider <input type="checkbox"/> ER Department <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Caseworker	
Referral Name: _____	Referral Phone : _____
Date of Referral: _____	

Client Information	
Member Name: _____	
Member ID: _____	
Member DOB: _____	

Reason for Referral	
<input type="checkbox"/> Multiple Pharmacies <input type="checkbox"/> Multiple ER visits <input type="checkbox"/> Multiple Prescribers <input type="checkbox"/> Concern for Client Safety <input type="checkbox"/> Other	
Description of referral reason: _____ _____ _____ _____	

Thank you for your continued service to Oklahoma’s SoonerCare members.