

## Physician / Outpatient Administered Medication Prior Authorization Request

**Member Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

### Section 1 (Drug Information)

**Medication Name:** \_\_\_\_\_ **Strength:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Regimen:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**HCPCS Code:** \_\_\_\_\_ **Billing Units Per Dose :** \_\_\_\_\_

### Section 2 (Billing Provider Information)

**Provider Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**OHCA Provider #:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### Section 3 (To Be Completed By Prescriber)

**Diagnosis:** \_\_\_\_\_

**Previous Tier Trials (if applicable):** \_\_\_\_\_

**Additional Comments (including applicable lab data):** \_\_\_\_\_

**Prescriber Name (print):** \_\_\_\_\_

**Prescriber Name (signature):** \_\_\_\_\_

**Prescriber NPI:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide the requested information and return to:**

University of Oklahoma College of Pharmacy Pharmacy Management Consultants Prior Authorization Department	<b>Fax</b> OKC Metro: (405) 271-4014 Toll Free: (800) 224-4014	<b>Phone</b> OKC Metro: (405) 522-6205 Toll Free (866) 522-0114
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For SoonerCare Pharmacy Information, see: [www.okhca.org/providers/rx](http://www.okhca.org/providers/rx)

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