

State of Oklahoma
Oklahoma Health Care Authority

Hepatitis C Therapy Continuation Prior Authorization Form

Member Name: _____ Date of Birth: _____ Member ID#: _____
Pharmacy Name: _____ Pharmacy NPI: _____
Pharmacy Phone: _____ Pharmacy Fax: _____
Pharmacist Name: _____ Prescriber Name: _____
Prescriber NPI: _____ Specialty: _____
Prescriber Phone: _____ Prescriber Fax: _____

Pharmacy Section

Member's Hepatitis C Therapy Regimen: _____

Drug Name: _____ NDC: _____
Today's Date: _____ Date Prescription Last Filled: _____
Date Member Took First Dose: _____ Expected End Date: _____
Actual* Number of doses remaining today: _____ Refill Number: _____

*Do NOT estimate doses on hand

Did the member fill ribavirin? Yes ___ No ___

Date ribavirin last filled: _____ Remaining Supply: _____

Pharmacist Signature: _____ Date: _____

By signature, the prescriber confirms the above information is accurate.

Please do not send in chart notes. Specific information/documentation will be requested if necessary.

Prescriber Section

Initial Viral Load _____ Date Tested: _____

Recent Viral Load _____ Date Tested: _____

Recent Urine Drug Screen? Yes ___ No ___ Date Tested: _____

Monthly Pregnancy Test? ** Yes ___ No ___ NA ___ Date Tested: _____

**Required for female members and female partners of male members.

Has the member experience any adverse drug reactions related to hepatitis C therapy?

Yes ___ No ___

If yes, please specify reactions: _____

Prescriber Signature: _____ Date: _____

By signature, the prescriber confirms the above information is accurate.

Please do not send in chart notes. Specific information/documentation will be requested if necessary.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit
Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

CONFIDENTIALITY NOTICE

This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.