SoonerSelect | aetna

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 pharmacist 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.

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.	