



## SoonerCare Fax Blast

June 11, 2008

Subject: Pharmacy Prior Authorization Information

Dear Provider:

Please note the following:

### **Prescribers Now Receiving Pharmacy Prior Authorization Responses**

OHCA is pleased to announce that responses to pharmacy prior authorization requests are now being faxed back to the prescribing physician as well as to the requesting pharmacy. In the past, limitations on fax automation allowed the response to be faxed only to the pharmacy. In order to ensure that the information is sent to the appropriate service location for the prescriber, the prescriber's fax number must be completed in the appropriate section on the PA form. If the prescriber's fax number is not filled out, the response will be faxed to the pharmacy only.

### **Pharmacy PA Requests Do Not Require Cover Sheet; Fax Numbers Have Not Changed**

Please note that unlike other types of prior authorization requests submitted to OHCA, pharmacy PA requests do not require any type of cover sheet or attachment form. If additional supporting information is submitted with the PA request, please include the member's SoonerCare identification number on each page of the fax transmission. Also note that the fax numbers for submitting pharmacy PA requests have not changed.

*Pharmacy PA Requests should be faxed to: OKC Metro (405)271-4014 or Toll-Free (800)224-4014.*

### **Beware Similar PA Forms**

In order to accommodate the transition to using NPIs as the pharmacy and prescriber identifiers for pharmacy claims, the SoonerCare prior authorization forms were recently redesigned. This change has resulted in some confusion among providers as to which form should be used to submit a particular PA request. Two of the forms (forms Pharm-4 and Pharm-8) appear similar, and are frequently mistaken for each other.

In most cases, authorization requests should be submitted on the *OHCA Petition for Medication Authorization* (form Pharm-4). This is the form used for medications that require prior authorization due to scope and utilization-based criteria or product-based criteria. (For example, Strattera is a Tier-2 ADHD medication, and therefore requires prior authorization.)

Requests for waiver-eligible members who require more than 3 branded or 13 total prescriptions per month should be submitted on the *Medication Therapy Management Services Prior Authorization Request* (form Pharm-8). This form should be used only for members who are waiver-eligible, and who are enrolled in OHCA Medication Therapy Management Services.

These prior authorization requests are processed by different departments, and requests submitted on incorrect forms are sent back to the requesting pharmacy for correction, therefore delaying the authorization process. If you are unsure which form should be used, please contact the OHCA Pharmacy Help Desk for assistance.