

**State of Oklahoma  
Oklahoma Health Care Authority**

**Factor Replacement Products Prior Authorization Form**

**Member Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Member ID#:** \_\_\_\_\_  
**Pharmacy NPI:** \_\_\_\_\_ **Pharmacy Phone:** \_\_\_\_\_ **Pharmacy Fax:** \_\_\_\_\_  
**Pharmacy Name:** \_\_\_\_\_ **Pharmacist Name:** \_\_\_\_\_  
**Prescriber NPI:** \_\_\_\_\_ **Prescriber Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Prescriber Phone:** \_\_\_\_\_ **Prescriber Fax:** \_\_\_\_\_

**Clinical Information**

1. Diagnosis (ICD-10): \_\_\_\_\_
2. Factor Replacement Product: \_\_\_\_\_
3. NDCs to be potentially used throughout year (to be completed by the dispensing pharmacy):

_____-_____-_____ _____-_____-_____ _____-_____-_____ _____-_____-_____	_____-_____-_____ _____-_____-_____ _____-_____-_____ _____-_____-_____	_____-_____-_____ _____-_____-_____ _____-_____-_____ _____-_____-_____
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4. Estimate total units to be used per year: \_\_\_\_\_
5. Patient-specific clinically significant reason why current factor product cannot be used (or Feiba<sup>®</sup> and NovoSeven<sup>®</sup> if requesting Obizur<sup>®</sup>):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Has a half-life study been performed? Yes \_\_\_\_ No \_\_\_\_ Date(s) performed: \_\_\_\_\_
7. For extended half-life factor products was there a significant benefit seen in half-life? Yes \_\_\_\_ No: \_\_\_\_

I recommend this patient be followed by an OHCA Care Management Nurse.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pharmacist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please do not send in chart notes. Specific information/documentation will be requested if necessary. Failure to complete this form in full will result in processing delays.*

<p><u>PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:</u></p> <p align="center">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</p>	<p align="center"><u>CONFIDENTIALITY NOTICE</u></p> <p><i>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.</i></p>
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