STEP THERAPY APPEAL FORM

In order to appeal the denial of a step therapy exception request, please complete and return this form to the Docket Clerk, OHCA Office of Hearings and Appeals, within thirty (30) days of the date of your Notice of Denial. This form should be submitted electronically, either by email (at steptherapy@okhca.org) or by fax (405-530-7258). If you do not have access to a computer or fax machine, please call 405-522-7217 for instructions as to how to file your appeal.

Failure to complete and return this form within 30 days can result in a dismissal or denial of your appeal.

Please provide all requested information, including a complete copy of the step therapy exception request form that you and your provider submitted to the University of Oklahoma College of Pharmacy/Pharmacy Management Consultants, as well as the denial letter that you received.

I. Member Information

Member Name:_____ Member ID: _____

Member's Mailing Address: _____

City_____ State_____ Zip Code_____ Phone Number _____

Email Address _____

Date of Step Therapy Exception Denial: _____

Member's Guardian (if applicable):_____ Guardian Phone: _____

II. Authorized Representative Information (if any)

I,_____, authorize_____ to serve as my representative in connection with this appeal. I authorize my representative to present evidence, to obtain information about my appeal, and to receive notices in connection with my appeal. I understand that my personal health information (PHI) may be disclosed to my Representative. Therefore, I have signed the attached Authorization to permit the disclosure of this information. My Representative agrees that he/she will be available to represent me on the date and time of the appeal hearing set by the Oklahoma Health Care Authority. I do not have a legally appointed Guardian, or my legally appointed Guardian hereby consents to this authorization.

_____ _____

Member Signature *Date* *Authorized Representative* *Date*

Authorized Representative Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Please state why you believe you are entitled to a step therapy exception pursuant to 63 Okla. Stat. § 7310. *[If you need more space, use another sheet of paper.]*

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Are you requesting an evidentiary hearing in your appeal or would you prefer that the Administrative Law Judge make a decision based upon the written submissions?

_____ **Evidentiary Hearing**

_____ **Decision based upon written submissions**

_____ _____

Member Signature **Date**

Please submit this form electronically to:

Oklahoma Health Care Authority
Grievance Docket Clerk
P.O. Drawer 18497
Oklahoma City, OK 73154-0497

Fax Number: 405-530-7258
Phone: 405-522-7217
Email: steptherapy@okhca.org