Georgia Medicaid Prior Authorization Request Form for Prescriptions

I. Provider Information				II. Member Information		
Prescriber name (print):			Me	Member name:		
Prescriber Specialty:			Ide	Identification number:		
T						
Fax:	Phone:	one:		eate of Birth:		
Office Contact Name:			Mo	Medication allergies:		
Office Contact Name.			IVIC	wedication allorgies.		
III. Drug Information (One drug request per form)						
Drug name and strength:	arag roquos	Dosage form:	Dos	sage interval (sig):	Qty per Day:	
ğ ğ						
Diagnosis relevant to <u>this</u> request:						
Expected length of therapy:						
Medication History for this Diagnosis						
A. Is member currently treated on this medication?						
yes; How Long? [go to item B] no [skip items B & C; go to item D]						
B. Is this request for continuation of a previous approval?						
yes [go to item C] no [skip item C; go to item D]						
C. Has strength, dosage, or quantity required per day increased or decreased?						
yes [go to item D] no [skip item D; indicate rationale for continuation in Section IV and submit form]						
D. Please indicate previous treatment and outcomes below.						
Drug Name (include strength and dos	sage) Date	s of Therapy		Reason for Discontinuation		
1						
_						
2						
3						
3						
4						
NOTE: Confirmation of use will be made from member history on file; prior use of preferred drugs is a part of the exception criteria. The Peach State Health Plan Preferred Drug List (PDL) is available on the Peach State Health Plan website at www.pshpgeorgia.com.						
IV. Rationale for Request / Pertinent Clinical Information (Required for all Prior Authorizations)						
Appropriate clinical information to suppo		Provider Signature:			Date:	
the basis of medical necessity must be submitted.						

Requests for prior authorization (PA) must include member name, ID#, and drug name. **Incomplete forms will delay processing**. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)