Healthy Louisiana Pharmacy Prior Authorization Form

☐ **Aetna Better Health of Louisiana**
Phone: 1-855-242-0802 Fax: 1-844-699-2889
www.aetnabetterhealth.com/louisiana/providers/pharmacy

☐ **Amerigroup**
Phone: 1-800-454-3730 Fax: 1-888-346-0102
www.myamerigroup.com/la/pages/medicaid.aspx

☐ **AmeriHealth Caritas Louisiana**
Phone: 1-800-684-5502 Fax: 1-855-452-9131
www.amerihealthcaritasla.com/pharmacy/index.aspx

☐ **LA Healthcare Connections**
Phone: 1-888-929-3790 Fax: 1-866-399-0929
www.louisianahealthconnect.com/for-members/pharmacy-services/

☐ **United Healthcare**
Phone: 1-800-310-6826 Fax: 1-866-940-7328
www.uhccommunityplan.com/health-professionals/la/pharmacy.html

MEMBER INFORMATION

Patient Name: (Last Name) (First Name) (MI)			
Date of Birth:	Sex: ☐ Male ☐ Female	Height:	Weight:
Address: (Street)		(City)	(State) (Zip Code)
Phone Number:		Policy ID Number:	

PRESCRIBER INFORMATION

Practice Name:	Specialty:	NPI Number (2):
Physician Name:	NPI Number (1):	DEA/License Number:
Address: (Street)	(City)	(State) (Zip Code)
Phone Number:	Fax Number:	

MEDICATION INFORMATION

Expedited Request: ☐ Yes ☐ No (If yes, explain below)

Drug Name:		Quantity:
Strength:	Directions:	
Dispense as written: ☐ Yes ☐ No	Substitution Permitted: ☐ Yes ☐ No	Number of Refills:
Currently on this medication: ☐ Yes ☐ No	Other medications tried to treat this condition:	Dates:
List other current medications: (☐ See attached list)		
Reasons for discontinuation of tried therapies:		
Diagnosis/Indication:		ICD Diagnosis Code:
Rationale and/or other information relevant to the review of this request (explain reason for expedited request if applicable): (☐ Included lab results)		
Drug Allergies:	EPSDT Support Coordinator (optional): (Name/Address)	

PHARMACY INFORMATION

Pharmacy Name:	Phone Number:	Fax Number:

Physician Signature: Date:

Pharmacies are allowed to dispense a 72 hour emergency supply while authorization is pending.