Reset Form

New Hampshire Medicaid Fee-for-Service (FFS) Program
Prior Authorization/Non-Preferred Drug Approval Form

Non-Preferred Drug Approval Form

DATE OF MEDICATION REQUEST: / /

SECTION I: PATIENT INFORMATION AND MEDICATION REQUESTED

Patient's Name

Medicaid Number

Date of Birth (MM/DD/YYYY) / /

Gender ☐ Male ☐ Female

SECTION II: MEDICATION REQUESTED

Note that the following drugs classes require separate prior authorization: Anti-Obesity agents, COX II, Onychomycosis agents, Proton Pump Inhibitors, Rheumatologic agents, and CNS Stimulants. Please use class specific form found on the DHHS website at: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.html

Medical Diagnosis

Drug Name

Strength

Dosing Directions

Length of Therapy

SECTION III: MEDICAL HISTORY

CHAPTER 188 OF THE LAWS OF 2004 REQUIRES THAT MEDICAID ONLY COVER NON-PREFERRED DRUGS UPON A FINDING OF MEDICAL NECESSITY BY THE PRESCRIBING PHYSICIAN. CHAPTER 188 REQUIRES THAT YOU BASE YOUR DETERMINATION OF MEDICAL NECESSITY ON THE FOLLOWING CRITERIA.

☐ Allergic reaction ☐ Drug-to-drug interaction **Please describe reaction:**

☐ Previous episode of an unacceptable side effect or therapeutic failure. Please provide clinical information:

☐ Clinical contraindication, co-morbidity, or unique patient circumstance as a contraindication to a preferred drug. Please provide clinical information:

☐ Age specific indications. Please provide patient age and explain:

☐ Unique clinical indication supported by FDA approval or peer reviewed literature. Please explain and provide a reference:

☐ Unacceptable clinical risk associated with therapeutic change. Please explain:

SECTION IV: PRESCRIBER INFORMATION

Name

NPI Number

Prescriber Phone Number -

Prescriber Fax Number -

I certify that the information provided is accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

PRESCRIBER'S SIGNATURE: _____ **DATE**: _____

Made Fillable by eForms

Phone: 1-866-675-7755
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