Pennsylvania Medicaid PRIOR AUTHORIZATION REQUEST FORM

Non-formulary drug

Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, lab	s) left blank, illegible, or not attached W	ILL delay the review process.
Patient Name:	Prescriber Name:	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Address:	NPI:	State Lic ID:
City, State ZIP:	Address:	
Primary Phone:	City, State ZIP:	
Line of Business: □ Medicaid		
□ CHIP	Specialty/facility name (if applicable):
	□ Expedited/Urgent	
Drug Name:	, ,	
Strength: Directions / SIG:		
Please attach any pertinent medical history including lab	s and information for this member	that may support approval.
	lowing questions and sign.	
Q1. What is the requested duration of therapy?		
Q2. Has the patient been treated previously with the medic	ation?	
☐ Yes ☐ No		
Q3. Has the patient received samples of the medication?		
☐ Yes ☐ No		
Q4. Is a sample log attached including dates, dosage, and	directions?	
☐ Yes ☐ No		
Q5. Has the patient been treated on this medication while in	n the hospital or a facility?	
☐ Yes ☐ No		
Q6. Has the patient received the medication through other insurer)?	means other than the above (such	n as through another
□ Yes □ No		
Q7. Are medical records attached showing this medication	being filled including dates, dosag	e, and directions?
□ Yes □ No		
Q8. Is the medication being used for a FDA approved indication	ation?	
☐ Yes ☐ No		
Q9. What is the diagnosis? (Must attach the diagnosis)		

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Patient Name:		Prescriber Name:
Q10. Has the p	patient tried and failed all form	ulary alternatives?
□ Yes	□ No	
	edications patient has been treate the adverse outcome or ty	eated with previously that have resulted in failure or patient intolerance (for vpe of failure).
Q12. Are the fo	ormulary alternatives that the p	patient tried and failed listed above?
☐ Yes	□ No	
Q13. Are relev	ant labs or diagnostic test res	ults attached?
☐ Yes	□ No	
Q14. Additiona	al Comments:	
	Prescriber Signature	 Date

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