FAX Completed Form To
1.833.404.2392

Pharmacy Help Desk
1.800.460.8988

Prescriber Help Desk
1.833.587.2012

REQUEST FOR PRIOR AUTHORIZATION MISCELLANEOUS

ONE Drug per Form ONLY

(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid
Member ID #: |___|___|___|___|___|___|___|___|___|___| Patient Name: ___________________________________ DOB: _________________

Patient Address:____

Provider ID/NPI: |___|___|___|___|___|___|___|___|___|___| Prescriber Name:______________________________ Phone:________________

Prescriber Address:____ Fax:___________________

Pharmacy Name:____________________________ Address:_____________________________________ Phone:_______________

Prescriber must fill all information above. It must be legible, correct and complete or form will be returned.

Pharmacy NABP or
NPI: |___|___|___|___|___|___|___|___|___|___| Pharmacy Fax: ____________________ NDC : |___|___|___|___|___|___|___|___|___|___|___|

Drug Name:____ **Strength:**_________________________

Dosage Instructions:__________________________ **Quantity:**__________ **Days Supply:** _______________

Length of Therapy on Prescription (Date Range):____

Diagnosis:____

Previous therapy (include drug name(s), strength and exact date ranges): ____

____

____

Pertinent Lab Data:____

Other medical conditions to consider: ____

____

Possible drug interactions/conflicting drug therapies:____

____

Attach lab results and other documentation as necessary.

Prescriber Signature: ____ Date of Submission: _______________________

***MUST MATCH PRESCRIBER LISTED ABOVE**

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.