







Request for Prior Authorization New-to-Market Drugs

(PLEASE PRINT – ACCURACY IS IMPORTANT)

FAX Completed Form To 1.833.404.2392

Pharmacy Help Desk 1.800.460.8988

Prescriber Help Desk 1.833.587.2012

IA Medicaid Member ID #	P	Patient name		DOB	
Patient address					
Provider NPI		Prescriber name		Phone	
Prescriber address				Fax	
Pharmacy name		Address		Phone	
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.					
Pharmacy NPI		Pharmacy fax	NDC		
Prior authorization is required for new-to-market drugs not yet reviewed by the Iowa Medicaid Pharmaceutical & Therapeutics (P&T) Committee. Payment will be considered for patients when the following criteria are met: 1) Patient has an FDA approved or compendia indication for the requested drug; and 2) If the requested drug falls in a therapeutic category/class with existing prior authorization criteria, the requested drug must meet the criteria for the same indication; or 3) If no clinical criteria are established for the requested drug, patient has tried and failed at least two preferred drugs, when available, from the Iowa Medicaid Preferred Drug List (PDL) for the submitted indication; and 4) Request must adhere to all FDA approved labeling. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated. Once new-to-market drugs are reviewed by the P&T Committee, they will be placed on the PDL which will dictate ongoing PA criteria, if applicable. Drug name:					
Preferred Drug Trial 1: Drug name/dose: Trial start date: Reason for failure:			Trial end date:		
Preferred Drug Trial 2: Drug name/dose:			Trial end date:		
Pertinent lab data:					
Other medical conditions to consider:					
Other relevant information:					
Possible drug interactions/conflicting drug therapies:					
Attach lab results and other documentation as necessary.					
Prescriber signature (Must matc	h prescr	riber listed above.)	Date of submission		

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.