Provider Help Desk
1.866.399.0928

FAX Completed Form To
1.877.386.4695

REQUEST FOR PRIOR AUTHORIZATION
VITAMINS & MINERALS

This form is used for both preferred and non-preferred agents.
(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid
Member ID #: |___|___|___|___|___|___|___|___|___|___|___| Patient Name: _____ DOB:

Patient Address: _____

Provider 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

NPI: |___|___|___|___|___|___|___|___|___|___| Pharmacy Fax: _____ NDC : |___|___|___|___|___|___|___|___|___|___|___|

Payment for vitamins, minerals and multiple vitamins for treatment of specific conditions will be approved when there is a diagnosis of specific vitamin or mineral deficiency disease or for patients aged 20 or under if there is a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease. (Prior approval is not required for prescribed multi-vitamins with or without iron or vitamin D supplements for patients under 12 months of age or a prescription product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.)

Drug Name: _____ Strength:

Dosage Instructions: _____ Quantity:_____ Days Supply:

Diagnosis:

Other medical conditions to consider:

_____

Attach lab results and other documentation as necessary (Required).

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.