



# MEDICATION PRIOR AUTHORIZATION FORM

NOTE: Injectable prior authorization forms may be found at [www.passporthealthplan.com](http://www.passporthealthplan.com).

**Date of Request:**

**Check one of the following:**

- Standard Review FAX: (877) 693-8280 [48 hours]**
- Hospital Discharge FAX: (877) 693-8476**  
By checking this box and signing below, I certify this request is for a hospital discharge and have referred to the attached *Hospital Discharge Supplement*.
- Urgent Review FAX: (877) 693-8476 [24 hours]**  
By checking this box and signing below, I certify that applying the 48 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Member Information			
<b>Member Name:</b>		<b>Date of Birth:</b>	
<b>Member ID Number:</b>		<b>Height/Weight:</b>	
<b>Drug Allergies:</b>			

Fax Responses To:	Prescriber/Facility Fax Number	Pharmacy Fax Number

Provider Information				
Prescriber		Pharmacy		Hospital
<b>Name/Specialty:</b>		<b>Name:</b>		
<b>Telephone Number:</b>		<b>Telephone Number:</b>		
<b>NPI Number:</b> <i>(Not DEA or Other Number)</i>		<b>NPI Number:</b> <i>(Not DEA or Other Number)</i>		
<b>Address:</b>		<b>Discharge Planner Name/Telephone:</b>		

Diagnosis & Medical Information for Requested Medication					
<b>Diagnosis/ICD-9 Code:</b>	<b>Name of Drug:</b>	<b>Dosage Form:</b>	<b>Strength:</b>	<b>Quantity:</b>	<b>Duration of Therapy:</b>

**Directions for Use:**

Is the requested drug a previously prior authorized therapy?  YES  NO      If yes, is request a dose adjustment?  YES  NO

Rationale for selecting requested medication: <i>(Including drugs previously tried)</i>		<input type="checkbox"/> Lab/medical results are attached.			
Previous Therapy Drug Name:	Strength:	Directions for Use:	Outcomes/Effects:	Date Treatment Started:	Date Treatment Ended:

**Prescriber Signature** \_\_\_\_\_

For assistance, please call (800) 578-0898. This form may be mailed to AmeriHealth Mercy Health Plan, 200 Stevens Drive, Philadelphia, PA 19113.  
Pharmacy benefits provided by PerformRx, the next generation PBM.  
Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.