



Prior Authorization Request Form – Medical Pharmacy

For authorization, please answer each question and fax this form PLUS chart notes back to the MHC Prior Authorization Department at 1-559-243-7012.

If you have prior authorization questions, please call for Pharmacy Customer Service for assistance at 833-412-4144.

Disclaimer: Formulary exception request forms are subject to change in accordance with Federal and State notice requirements.

Member Information	Prescriber Information
Member Name	Prescriber Name & Specialty
Member ID Number	Prescriber NPI
Member Date of Birth	Prescriber Office Phone
Member Phone Number	Prescriber Secure Fax
Member Drug Allergies	Prescriber Office Contact

Diagnosis & Medical Information

Drug Name & Strength Requested	Diagnosis & ICD Code
Dosing Instructions	Quantity per 30 Days

Questions

Questions	Yes	No
Will the requested medication be administered in the provider's office or clinic and billed under the medical benefit ('buy-and-bill')?	<input type="checkbox"/>	<input type="checkbox"/>
Is this request for an expedited review? By checking the "Yes" box to request an expedited review (24 hours), you are certifying that applying the standard review time frame (72 hours) may place the member's life, health, or ability to regain maximum function in serious jeopardy.	<input type="checkbox"/>	<input type="checkbox"/>

Previous Formulary Trial(s)

Drug Name/Strength Dosage	Date(s) & Duration of Trial	Treatment Outcome



Request Rationale

Include history of a medical condition, allergies, or other pertinent information requiring the use of this medication.

Prescriber Signature_____

Date_____

Confidentiality Notice

This document and any accompanying document contain confidential information and is intended for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited and the document should be returned to this office immediately. If you have received this facsimile in error, please notify us by telephone immediately and destroy document received.