Community HealthChoices | pa health & wellness

For Medicaid Outpatient Biopharmacy/Buy and Bill Requests:

Check for urgent requests   Please FAX this completed form to: 1-844-307-0997

PA requests with missing/incomplete required fields may be denied due to lack of information. Valid requests also require appropriate clinical documentation to support the medical necessity of this request.

I. Member Information:	**II. Prescriber Information:**
Name:	Name:
ID Number:	Specialty:
Gender:	NPI or DEA Number:
Date of Birth:	Phone:
Medication Allergies:	Fax:
Member's Height:	Prior Auth Contact Name:
Member's Weight (kg.):	Prior Auth Contact Phone:
III. Diagnosis (as relevant to this request):	
Diagnosis:	ICD10:
Date of Diagnosis:	NOTE: Include diagnostic clinicals (labs, radiology, etc.)
IV. Drug Information (only ONE drug per form):	
HCPCS code:	Medication Name:
Strength:	Dosage Form/Administration route:
Start Date:	Directions for Use (sig):
End Date:	Total Number of Visits requested:

V. Medication History for Diagnosis:

A. Is the member currently treated on this medication?

[ ] Yes. How long? ____________ [go to item B]   [ ] No [skip items B & C; go to item D]

B. Is this request for continuation of a previous approval from Pennsylvania Health & Wellness?

[ ] Yes [go to item C]   [ ] No [skip item C; go to item D]

C. Has strength, dosage form, quantity, or frequency increased or decreased?

[ ] Yes. New directions: ____________   [ ] No

D. Please indicate previous treatment and outcomes below (previous medications tried and failed & non-pharm treatment)

Drug Name or Therapy/Directions (sig)	Dates of Therapy (start and end dates)	Reason for Discontinuation
1)		
2)		
3)		
4)		
5)		

VI. Rationale for Request and Pertinent Clinical Information:

NOTE: Supporting documentation (such as office chart notes, lab results, prior therapy and other clinical information) is REQUIRED for consideration of approval.

Prescriber Signature:	Date:

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per PA Health & Wellness policy and procedures.