

Iowa Department of Human Services

FAX Completed Form To 1 (800) 574-2515

Provider Help Desk 1 (877) 776-1567

Request for Prior Authorization NON-PREFERRED DRUG

(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:	:
Prior authorization (PA) is required for non-preferred drugs as specified on the lowa Medicaid Preferred Drug List. Payment for a non-preferred medication will be considered for an FDA approved or compendia indicated diagnosis only for cases in which there is documentation of previous trial and therapy failure with the preferred agent(s), unless evidence is provided that use of these agents would be medically contraindicated. Please refer to the Selected Brand-Name Drugs prior authorization form if requesting a non-preferred brand-name product. Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations.	
Drug Name: Strength:	
Dosage Instructions: Quantity: Days	Supply:
Diagnosis:	
Previous therapy (include drug name(s), strength and exact date ranges):	
Reason for use of Non-Preferred drug requiring prior approval:	
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 match prescriber 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.