Physicians Health Plan

PO Box 30377
Lansing, MI 48909-7877
Phone: 517.364.8545 Fax:517.364.8413

Medication Prior Authorization Form

Instructions: Please fill out completely and fax to 517.364.8413. Applicable chart notes must accompany request. Prior authorization criteria and the drug formulary are available at **PHPMichigan.com/Providers**. Our office and fax machine are open M-F 8 a.m. – 5 p.m., ET, except holidays.

Patient Information		Prescriber Information
Today's date:		Provider name:
Member name:		Provider NPI #:
Subscriber Number:		Office phone:
DOB:		Office fax:
Patient's weight:		Office contact:
Gender:	Office address:	

Medication Information		
Medication:	Dose:	Frequency:
Diagnosis & ICD Code:	If this is a continuation of therapy, how long has patient been on the medication?	
If medication is an **infusion** medication, please also complete the following:		
HCPCS code:	This medication will be given: ☐ In office ☐ Hospital outpatient facility	Hospital/Facility name: Facility NPI #: Tax ID#

Previous therapies attempted:	Dose/frequency	Start and stop dates:	Reason for discontinuation

Additional comments here:

Form version: kg 2024_01_30dl