

P.O. Box 30377 Lansing, MI 48909-7877

Phone: 517.364.8545 Fax:517.364.8413

Medication Prior Authorization Form

<u>Instructions</u>: Please fill out completely and fax to 517.364.8413. Applicable chart notes $\underline{\text{must}}$ accompany request. Prior authorization criteria and the drug formulary are available at $\underline{\text{www.phpmichigan.com/providers}}$. Our office and fax machine are open M-F 8 am - 5 pm, except holidays.

Patient Information				Prescriber Information			
Today's date:				Provider name:			
			Frovider flame.				
Member name:			Provider NPI #:				
Member's PHP ID#:			Office phone:				
DOB:			Office fax:				
Patient's weight:				Office contact:			
Gender:		Office address:					
Medication Information							
Medication:		Dose:			Frequency:		ency:
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:				Hospital/Facility name:			
	☐ In office ☐ Hospital outpatient facil			lity Facility NPI #:			
Previous therapies attempted:		Dose/frequency		Start	art and stop dates:		Reason for discontinuation
Additional comments here:							
OUTCOME (DUD							
OUTCOME (PHP use only)							
Approved – Good through:							
Not approved – Reason:							
Pharmacist/Designee Signature and date:							

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