



Request for Prior Authorization
MODIFIED FORMULATIONS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Payment for a non-preferred isomer, prodrug or metabolite will be considered when the following criteria are met: 1) Previous trial with a preferred parent drug of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance and 2) Previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis if available. The required trials may be overridden when documented evidence is provided that the use of these preferred agent(s) would be medically contraindicated.

- Horizontal (trial of gabapentin)
Invega / Paliperidone ER (trial of risperidone)
Trilipix (trial of Tricor)
Xopenex HFA / levalbuterol tartrate (trial of albuterol HFA)
Xopenex Nebs / levalbuterol nebs (trial of albuterol nebs)

Payment for a non-preferred alternative delivery system will only be considered for cases in which the use of an alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system as noted in ().

- Abilify Discmelt (Abilify soln)
Alkindi (hydrocortisone tabs)
Aricept ODT (Aricept tabs)
Baqsimi (Glucagen)
Binosto (alendronate tabs)
Clozapine ODT / Fazacllo (clozapine tabs)
Drizalma (duloxetine caps)
Elyxyb (celecoxib caps)
Eprontia (topiramate tabs)
Exservan (riluzole tabs)
Ezallor (rosuvastatin tabs)
Gimoti (metoclopramide tabs)
Lamotrigine ODT (lamotrigine chew tabs)
Metoclopramide ODT (metoclopramide soln)
Qdolo (tramadol tabs)
Remeron SolTab (mirtazapine tabs)
Risperdal M-Tab (risperidone soln)
Sertraline Caps (sertraline tabs)
Sitavig (acyclovir oral susp)
Spritam (levetiracetam soln)
Sympazan (clobazam susp)
Zyprexa Zydis (Zyprexa tabs)

Strength: Dosage Instructions: Quantity: Days Supply:

Diagnosis:

Trial with parent drug product: Drug Name & Dose: Trial dates:

Failure Reason:

Trial with drug of a different chemical entity: Drug Name & Dose: Trial dates:

Failure Reason:

Medical Necessity for alternative delivery system:

Failure Reason of preferred alternative delivery system:

Medical or contraindication reason to override trial requirements:

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.