AmeriHealth Caritas Iowa

AmeriHealth Caritas Iowa
Request for Prior Authorization
Modified Formulations

Form applies to IA Health Link and ***hawk-i*** plans.

Please print – accuracy is important.

Fax completed form to 1-855-825-2714. Provider Help Desk: 1-855-328-1612.

AmeriHealth Caritas Iowa member ID #:		Patient name:	
Patient address:			DOB:
Provider NPI:	Prescriber name:		Phone:
Prescriber address:			Fax:
Pharmacy name:			
Address:			Phone:
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.			
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.

Please note: AmeriHealth Caritas Iowa uses Iowa Medicaid Enterprise criteria. For complete criteria, please consult www.iowamedicaidpdl.com/pa_criteria.

☐ Horizant (trial of gabapentin)

☐ Invega (trial of risperidone)

☐ Xopenex nebs/levalbuterol nebs (trial of albuterol nebs)

☐ Trilipix (trial of Tricor)

☐ Xopenex HFA (trial of albuterol HFA)

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 if available.

☐ Abilify Discmelt (trial of Abilify solution)

☐ Aricept ODT (trial of Aricept tablets)

☐ Binosto (trial of alendronate tablets)

☐ Clozapine ODT/Fazaclo (trial of clozapine tablets)

☐ Lamotrigine ODT (lamotrigine chew tablets)

☐ Metozolv ODT (trial of metoclopramide solution)

☐ Remeron SolTab (trial of mirtazapine tablets)

☐ Risperdal M-Tab (trial of risperidone solution)

☐ Spritam

☐ Zyprexa Zydis (trial of Zyprexa tablets)

Dosage instructions:

Strength: Quantity: Days supply:

Diagnosis:

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Trial with parent drug product:

Drug name and dose: Trial dates:

Failure reason:

Trial with drug of a different chemical entity:

Drug name and 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.

By signing this document, I attest that the information contained herein is true and accurate to the best of my knowledge and belief. By submitting this form, I acknowledge that I am submitting a request for authorization of health care services, and I agree to abide by and adhere to established federal and Iowa fraud, waste, and abuse (FWA) rules and regulations and to remain in compliance with AmeriHealth Caritas Iowa's Program Integrity rules. I further acknowledge that any claim I submit is subject to investigations, review or audit as determined by AmeriHealth Caritas Iowa. I further acknowledge that an authorization is not a guarantee of payment.	
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.

Check www.amerihealthcaritasia.com/Provider to confirm your version of this form.