

Pharmacy Prior Authorization Form

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Dispense as Written (DAW)

 Urgent

 Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Note:

- For members with a two tier benefit (e.g. \$10 generic and \$40 brand), brand medications with A-equivalent generics are covered for the brand copay plus the difference in cost between the brand and the generic allowed amount, known as Member Pay Difference (MPD).
- If one of the exception criteria is met below, the brand copay will apply, but not the MPD.
- Therapeutic trial and failure of a generic is no longer an acceptable criterion for a DAW authorization.

Brand Name Medication Requested:

Name: _____ Dose: _____

Priority Health Requirements for DAW authorization:

- Documented allergy to inactive ingredient in generic product
Date: _____
Generic Manufacturer: _____
Reaction Type: _____
- Patient is color-blind and requires specific brand for identification purposes
- Patient has epilepsy and is currently stabilized on the brand anti-epileptic medication

Note:

- Brand medications with A-equivalent generics are not covered for Medicare or Medicaid.
- Certain self-funded groups do not apply the MPD to brand medications.
- Generic medications are subjected to the same Food and Drug Administration (FDA) review process as the brand name equivalent.
- The FDA assures that the approved generic medication is equivalent to the brand name counterpart.
- Visit www.priorityhealth.com/medicationcenter/generics for more information about generic drugs!

*** All fields must be complete and legible for Prior Authorization Review***



**Please fax this request to: (877)974-4411 toll free or (616)942-8206 YOUR OFFICE
WILL RECEIVE A RESPONSE VIA FAX**