

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**
 Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Dispense as Written (DAW)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

Drug product: _____ Brand name drug requested **Start date** (or date of next dose): _____
Date of last dose (if applicable): _____
Dosing frequency: _____

Precertification Requirements

Patient must meet one of the following three criteria:

- Patient has a documented allergic reaction* to an inactive ingredient in the generic product.
 - Date medication was taken: _____
 - Name of generic manufacturer: _____
 - Inactive ingredient patient has allergy to: _____
 - Reaction type: _____
- Patient is color blind and requires specific brand for identification purposes
- Patient has epilepsy and is currently stabilized on the brand name antiepileptic medication

* An allergic reaction, as defined by the American Academy of Allergy Asthma & Immunology, occurs when the immune system overreacts to a harmless substance. The most frequent types of allergic symptoms to medications include skin rashes (particularly hives), itching, respiratory problems, and swelling (such as in the face). A more serious allergic reaction called anaphylaxis may also occur in response to medications. All medications have the potential to cause side effects, but only about 5 to 10% of adverse reactions to drugs are allergic.

Additional information

- Brand medications with FDA Orange Book A-equivalent generics are covered for the brand copay plus the difference in cost between the brand and the generic allowed amounts, known as Member Pay Difference (MPD). If one of the above exception criteria is met, the brand copay will apply, but not the MPD.
- Therapeutic trial and failure of a generic is not an acceptable criterion for a DAW authorization
- Brand medications with A-equivalent generics are not covered for Medicaid
- Certain self-funded groups do not apply the MPD to brand medications

- Brand name medications with “authorized generics” available are not eligible for DAW authorization. Authorized generics are prescription drugs produced by the brand pharmaceutical company and marketed under a private label, at generic prices.
- Brand name medications with generic products available whose inactive ingredients contain no more than the identical inactive ingredients in the branded product are not eligible for DAW authorization. Generic medications are subject to the same Food and Drug Administration (FDA) review process as the brand name equivalent
- The FDA assures the approved generic medication is equivalent to the brand name counterpart
- Visit www.priorityhealth.com/member/pharmacy/generic-drugs for more information about generic drugs