



MOUNTAIN-PACIFIC QUALITY HEALTH

Request for Drug Prior Authorization

Submitter: Physician Pharmacy

Please Type or Print

Patient Name (Last) (First) (Middle Initial)			Patient Medicaid ID Number		Date of Birth			
					Month	Day	Year	
Physician NPI	Physician Phone No.	Physician Fax No.	Dates Covered by this Request					
			From			To		
Physician Name			Month	Day	Year	Month	Day	Year
Physician Street Address			Mail, fax or phone completed form to: Drug Prior Authorization Unit Mountain-Pacific Quality Health 3404 Cooney Drive Helena, MT 59602 (406) 443-6002 or 1-800-395-7961 (Phone) (406) 513-1928 or 1-800-294-1350 (Fax)					
Physician City	State	ZIP						
Pharmacy NPI	Pharmacy Phone No.	Pharmacy Fax No.						
Pharmacy Name								
Pharmacy Street Address								
Pharmacy City	State	ZIP						
Drug to be Authorized								
Drug Name			Strength		Directions			
Diagnosis or Condition Treated by this Drug								

LEAVE BLANK – PA UNIT USE ONLY					
Reason for Denial of Drug Prior Authorization					
<p>IMPORTANT NOTE: In evaluating requests for prior authorization, the consultant will consider the drug from the standpoint of published criteria only. If the approval of the request is granted, this does not indicate that the recipient continues to be eligible for Medicaid. It is the responsibility of the provider of service to establish by inspection of the recipient's Medicaid eligibility card and if necessary, by contact with Xerox State Healthcare, LLC, to determine if the recipient continues to be eligible for Medicaid.</p> <p>Current recipient eligibility may be verified by calling Xerox at (800) 624-3958 or (406) 442-1837.</p>					
Approval or Denial Status	Denial Code	Therapeutic Class	Auth ID	Date of Request	Prior Authorization Number