

2024 MEDICARE PRIOR AUTHORIZATION REQUEST FORM

HRM in the the Elderly-Butalbital Combo - Medicare

Phone: 215-991-4300 Fax back to: 866-371-3239

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

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Patient Name:		Prescriber Name	Prescriber Name:	
Member Number:		Fax:	Phone:	
Date of Birth:		Office Contact:	Office Contact:	
Line of Business: □ Medicare		NPI:	State Lic ID:	
Address:		Address:	Address:	
City, State ZIP:		City, State ZIP:	City, State ZIP:	
Primary Phone:		Specialty/facility	Specialty/facility name (if applicable):	
	<u>DITED REVIEW</u> : By checking this box and signing below enrollee or the enrollee's ability to regain maximum fur		272 hour standard review timeframe may seriously jeopardize	
Drug Name:				
Strength:				
Directions / SIG:				
Please attach any pertinent medical history including labs and information for this member that may support approval. Please answer the following questions and sign. Q1. Is the patient 65 years of age or older?				
☐ Yes	none do yourd or ago or older.	□ No		
Q2. Is this High Risk Medication being used for a medically accepted indication? Please list indication for use and the patient's diagnosis.				
☐ Yes		☐ No		
Q3. What is t	he patient's diagnosis?			
☐ Yes		☐ No		
Q4. Has a risk-versus-benefit assessment been completed for the High Risk Medication?				
☐ Yes		□ No		
Q5. Has the patient been counseled on the potential side effects and risks of the requested High Risk Medication?				
☐ Yes		☐ No		
Q6. Does the	benefit outweigh the potential ris	k?		
☐ Yes		☐ No		
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Patient Name:	Prescriber Name:	Prescriber Name:	
Q7. Additional Information:			
Q8. Requested Duration:			
☐ 12 months	☐ Other		
Prescriber Signature	20	Date 124 Medicare Prior Authorization Request	