



## Prior Authorization form for Medical Benefit Drugs

**This form is for Medicare and Medicaid member PA requests only. It is not to be used for Commercial member PA requests.** Please use this form for prior authorizations that pertain to physician-administered drugs only (including home infusion). **Fax completed form to 1-888-656-6671 or call 1-800-424-1740.** Services are subject to coverage, benefit, network and contract policies and exclusions.

### Patient information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Fallon Health ID #: \_\_\_\_\_

### Physician information

Physician name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPI: \_\_\_\_\_

### Medication requested (one medication per form)

☐ New request for Fallon ☐ Renewal for Fallon

Name and strength of medication: \_\_\_\_\_

Directions/frequency of use: \_\_\_\_\_

Diagnosis ICD-10 code (required): \_\_\_\_\_

Diagnosis description (required): \_\_\_\_\_

Expected duration of therapy: \_\_\_\_\_

Medications or treatments previously used: \_\_\_\_\_

Reason why patient cannot use Fallon-preferred medications (formulary available at [fallonhealth.org](http://fallonhealth.org)):

\_\_\_\_\_

Notes or relevant lab values: \_\_\_\_\_

If a renewal, please provide an update on patient status: \_\_\_\_\_

For medication administered in the office, hospital (outpatient), infusion/dialysis center or home infusion setting, complete the following: JCode: \_\_\_\_\_ NDC: \_\_\_\_\_

Rendering provider/facility name and NPI: \_\_\_\_\_

Product will be obtained from:

☐ MD stock ☐ Above rendering provider

### Member-requested pre-service denial

Complete this section only for Fallon Medicare Plus™ members when declining to submit a prior authorization for a medication requested by the member. Fallon will notify the submitting physician and member of the determination. **Please provide all information requested.**

1. Medication requested by member: \_\_\_\_\_

2. Member's reason for request: \_\_\_\_\_