

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		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 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 ACS to determine if the recipient continues to be eligible for Medicaid.</p> <p>Current recipient eligibility may be verified by calling ACS 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