



Physician Administered Medications Prior Authorization Request

For PACE and Partnership Members ONLY

Only needed for J codes noted on authorization document

Please complete the PA form and fax along with supporting clinical documentation to:
Community Care Utilization Management

Fax: 414-384-8272 Phone: 262-207-9393, please call UM with any questions.

Incomplete forms or lack of supporting clinical may cause delay in determination or administrative denial for lack of clinical information.

Member Name:	D.O.B.:	Medicaid ID #:
Member Phone:	Member address:	
Requesting Provider Name/Clinic:		Tax ID:
Address:		
Clinical Contact/Title:	Phone Number:	Fax Number:
Servicing Provider Name/Clinic:		Tax ID:
Address:		
Clinical Contact/Title:	Phone Number:	Fax Number:

Request Type? Standard Expedited: Please explain rationale for urgency: Expedited is defined as: Care and services that the physician indicates or the HMO determines that following the ordinary time frame could jeopardize the member's health or ability to regain maximum function.

Diagnosis or symptom description:	ICD-10:
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HCPC code:	Description:	Qty:	Frequency:
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<p>Please complete the following and include supporting documentation with this request:</p> <p>List previous medication trials for this indication: Please provide name, dates of trial, dose, and reason for failure:</p> <p>1. _____ (drug) at _____ (dose) on _____ (dates of trial) and the patient failed this therapy because: _____</p> <p>2. _____ (drug) at _____ (dose) on _____ (dates of trial) and the patient failed this therapy because: _____</p> <p>3. _____ (drug) at _____ (dose) on _____ (dates of trial) and the patient failed this therapy because: _____</p> <p style="text-align: center;">NOTE: If this is for an off-label use, please provide literature evidence to support the off-label use.</p>
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Privacy and Confidentiality:

The information within this fax message is intended for the recipient(s) only. If you have received this fax in error, please contact us at 262-207-9393 (phone) or 414-384-8272 (fax) and destroy this document received. State and Federal Law prohibits any unauthorized use of this information. Thank you for your cooperation.