



## Minnesota Health Care Programs (MHCP)

## **Drug Prior Authorization Form**

This form is for requesting prior authorization for outpatient drugs dispensed at a pharmacy. If you would like to request prior authorization for a drug administered at a clinic or other outpatient setting, please use the medical authorization form (DHS-4695). The Minnesota Department of Human Services contracts with Health Information Designs (HID), the MHCP Prescription Drug PA Review Agent, to provide drug prior authorization services. All inquiries regarding PAs – including questions on criteria and status of PA – should be directed to HID. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for all other inquiries, including questions about claims or refill-too-soon overrides. Access criteria information and forms through the MHCP Pharmacy website at www.dhs.state.mn.us/provider/pharm.

Authorization can be obtained by calling MHCP Prescription Drug PA Review Agent with the information below or by faxing a completed form to MHCP Prescription Drug PA Review Agent.

## **MHCP Prescription Drug PA Review Agent**

Hours: Monday–Friday, 8:00 a.m. to 5:30 p.m. Phone: 866-205-2818 Fax: 866-648-4574

> You must have this information available before calling or faxing MHCP Prescription Drug PA Review Agent. Bolded fields are required before PA can be issued. Incomplete forms will be returned.

## **Requestor Information**

REQUESTOR NAME		PHC	PHONE NUMBER (include area code)		REQUESTOR AFFILIATION (check one)		
					Pharmacy	Prescriber	
Renewal of Expired Authorization					New R	Request	
Copay Only Authorization – Am							
Patient Between Prepaid Healthpl	ans Other (specify)			_			
PHARMACY NAME	PHARMACY NPI	PHARMACY NPI PHONE N		area code) <b>FAX NUMBER</b> (include area code)			
PRESCRIBER NAME	PRESCRIBER NPI		PHONE NUMBER (include area co		e) <b>FAX NUMBER</b> (include area code)		
DRUG NAME / STRENGTH			NDC		QUANTITY	REFILLS	
DIRECTIONS				AUTH START DATE (m/d/yyyy)			
		RECIPIENT MA ID NUMBER		RECIPIENT DATE OF BIRTH (m/d/yyyy)			
DIAGNOSIS							
OTHER MEDICATIONS TRIED AND DATI	OF OTHER MEDICATION TRIALS	FOR THI	5 CONDITION				
DOCUMENTATION OF STATUS CHANG (CHART DOCUMENTATION MAY BE ATTACHE		D BY TRI	ALS OF OTHER MEDICATIO	NS			
OTHER PERTINENT CLINICAL INFORMATION	AUTHORIZATION NUMBER (Prescribers obtaining PA must provide this number to the pharmacy)			XDEA N	XDEA NUMBER (Suboxone claims only)		

Pharmacists may dispense up to a 72-hour supply of the prescribed medication when MHCP Prescription Drug PA Review Agent staff is off duty. MHCP Prescription Drug PA Review Agent is allowed to authorize up to a 72-hour supply in that situation. However, additional supplies will not be authorized if PA criteria are not met.