



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) FAX NUMBER (include area code)			
PRESCRIBER NAME	PRESCRIBER NPI		PHONE NUMBER (include area co		e) FAX NUMBER (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.