MIDAP REQUEST FOR PRIOR AUTHORIZATION

Prescribing Physician:

Name:_______________________________
First Last

Direct Phone #: (_ _ _) _________________

Fax #: (_ _ _) ________________________

Physician specialty: _________________

Patient:

Name:____
First Last

ID#: ____

Phone #: ______________________**Client:**__________

Birth Date: _ _ - _ _ - _ _ _ _ **Sex:** ☐ Female ☐ Male

Name and title of person completing form (please print): _______________________________________

Drug name: Strength: Administration Schedule: Length of Therapy: Quantity Requested:

a)____

b)____

c)____

Has patient been on this drug and, if yes, for how long at this dosage? _______________________________

Patient's diagnosis requiring the use of this medication: ____

1. Previous history of a medical condition, allergies or other pertinent medical information that necessitates the use of this medication:

____

2. Has the patient been seen by any other provider for this condition? ☐ **Yes** ☐ **No**

If so, what was the prescriber's specialty? ____

3. Previous non-prior authorized and prior authorized medications tried and failed for this condition:

Name of medication	Reason for failure	Date:
___________________________	_____________________________________	_ _/ _ _/ _ _ _ _
___________________________	_____________________________________	_ _/ _ _/ _ _ _ _
___________________________	_____________________________________	_ _/ _ _/ _ _ _ _

4. Pertinent laboratory test or procedure: (if applicable)

Procedure:	Findings:	Date:
___________________________	_____________________________________	_ _/ _ _/ _ _ _ _
___________________________	_____________________________________	_ _/ _ _/ _ _ _ _
___________________________	_____________________________________	_ _/ _ _/ _ _ _ _

5. Other Information: ____

____

Fax Request to: ScriptGuideRX @ 313-264-0985

For ScriptGuideRX use only Date received: Date completed:	Decision (all authorizations are pending valid eligibility):

15400 E. Jefferson Avenue ♦ Grosse Pointe Park ♦ MI ♦ 48230 ♦ 313-499-3223, ext 207
www.scriptguiderx.com