HEALTHY MISSISSIPPI
Your Health, Your Medicare, Our Priority

Part B Drug Prior Authorization Request

HOW TO USE THIS FORM:	1. **Complete** all required fields marked with an **asterisk** (*). 2. **Attach** copies of supporting clinical Information 3. **Fax** this form to **1-662-350-0412** 4. **Call** our Utilization Management team at 1-833-201-6413 if you have any questions.

MEMBER INFORMATION (Please print clearly.)

Member Full Name*: (First, Middle, and Last)	**Member ID*:** _ _ _ _ _ _ _ _ _	**Date of Birth*:** / / _____ (MM / DD / YYYY)

REQUESTING PROVIDER / FACILITY INFORMATION

Requesting NPI (Provider or Facility)*: _ _ _ _ _ _ _ _ _ _			**Contact Name (Title/Dept.):**	
Requesting MD/Facility Name*:			**Provider Specialty:**	
Address*:			**Email:**	
City*:	**State*:**	**ZIP code*:**	**Phone:**	**Fax:**

SERVICING PROVIDER / FACILITY INFORMATION (If different from requesting provider/facility)

Rendering NPI (Provider or Facility)*: _ _ _ _ _ _ _ _ _ _	**Contact Name:**
Rendering MD/Facility Name*:	**Title/Dept.:**
Address*:	**Email:**

City*:	State*:	ZIP Code*:	Phone:	Fax:

REQUEST DETAILS

☐ New Start ☐ Continuation of Therapy

Drug Billing Code (HCPCS):	Medication Name*:	Dose and Frequency*:

Route of Administration (IV, IM, SC, etc.):	Start Date*:	End Date:
	/ /	/ /

Place of Service*

☐ Ambulatory Surgical ☐ Home ☐ Inpatient Hospital ☐ Office

☐ Off Campus Outpatient Hospital ☐ On Campus Outpatient Hospital

Place of Drug Dispense*

☐ Office ☐ Pharmacy

☐ Outpatient Hospital

Diagnosis (ICD-10)*

Additional Clinical Information

(Please attach clinical chart notes documenting diagnosis, medication history with response to therapy, and any additional supporting documents for the request.)

Medicare requests are processed within a 72-hour time frame. If the standard 72-hour time frame may seriously jeopardize the life or health of the member, an urgent request can be requested and processed within 24 hours.

☐ **URGENT REQUEST:**

By checking this box, I certify that applying the standard 72-hour review may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

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