Michigan Department of Health and Human Services (MDHHS)
Prior Authorization Request
General PA Form

All information on this form must be addressed. Incomplete forms will be returned only once for missing information. Mark as 'N/A' if no information is available or does not apply. Issues that remain blank after being returned once will receive a denial and will not qualify for MDHHS physician review until completed or clearly marked 'N/A'.

Beneficiary Information

LAST NAME: ***FIRST NAME:***

MEDICAID NUMBER: ***DATE OF BIRTH:*** – –

GENDER: **MALE** ☐ **FEMALE** ☐

Prescriber Information

LAST NAME: ***FIRST NAME:***

PLEASE SELECT ONE: ☐ MD ☐ PA ☐ NP ☐ DO ☐ ***OTHER:***

NPI NUMBER: ***SPECIALTY:***

DEA #: - ***DEA # EXP:*** – –

PHONE NUMBER: – – ***FAX NUMBER:*** – –

Person Completing Form

LAST NAME: ***FIRST NAME:***

TITLE:

PHONE NUMBER: – – ***FAX NUMBER:*** – –

DATE: ***REQUESTED START DATE:***

Pharmacy

NAME:

PHONE NUMBER: – – ***FAX NUMBER:*** – –

Drug Name	Strength	Dosing	Duration of Tx

DIAGNOSIS FOR USE OF THIS MEDICATION:

CAN THIS BENEFICIARY USE A PREFERRED MEDICATION? ☐ Yes ☐ No IF "NO", GIVE REASON BELOW:

HAS THIS BENEFICIARY SEEN ANY OTHER PROVIDER FOR THIS CONDITION? ☐ Yes ☐ No

IF "YES," WHAT WAS THE PROVIDER'S SPECIALTY AND RECOMMENDATION?

REASON FOR THE EXCEPTION REQUEST: PREVIOUS HISTORY OF A MEDICAL CONDITION, ALLERGIES, LAB / TEST RESULTS, AND / OR OTHER PERTINENT MEDICAL INFORMATION. MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

Submit requests to:
Prime Therapeutics State Government Solutions LLC
Attn: GV – 4201, P.O. Box 64811
St. Paul, MN 55164-0811
Fax: 888-603-7696 Phone: 877-864-9014
This form is available at mi.primetherapeutics.com/provider/forms/

Revision Date: 10/28/2022

NAMES OF PREVIOUS MEDICATIONS TRIED FOR THIS CONDITION: PLEASE INCLUDE THE REASONS FOR THERAPEUTIC FAILURE. MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

Drug Name	Strength	Directions	Dates	Reason for Failure

PERTINENT LABORATORY TEST(S) OR PROCEDURE(S). MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

Procedure	Findings	Date

ADDITIONAL COMMENTS: