



PLEASE FAX FORM BACK TO UNITED DRUGS PRIOR AUTHORIZATION DEPARTMENT AT 866-563-9220



NON-FORMULARY DRUG PRIOR AUTHORIZATION REQUEST

Please review the medication that is available on the "Pinal/Gila Long Term Care" formulary at http://www.uniteddrugs.com/PBM/Formularies.php and indicate if a change may be made.

If the formulary medication is not acceptable, please complete the following questions and fax to United Drugs Prior Authorization Department at 866-563-9220 for review.

Form with fields for Date, Member, Prescriber, Member ID, Prescriber Phone Number, Member DOB, Prescriber Fax Number, Pharmacy Name, Facility, Pharmacy Phone Number, Facility Fax Number, Pharmacy Fax Number.

Requested Non-Formulary Medication

- Diagnosis for the medication being prescribed
Dosing Regimen Requested
Has the patient received a trial of a formulary medication in the last year? If yes, please state the medication(s), date of trial, and reason for discontinuance

Table with 3 columns: Drug Strength and Dose, Dates of Therapy, Reason for Discontinuance

- Please provide relevant lab values pertaining to the medication request (LFTS, Lipid Panels, AIC, CBC etc.)
Please state a clinical reason why a formulary medication cannot be used
Additional comments

Internal Use Only

* In order to expedite processing, please include lab reports with requests when appropriate: Culture Sensitivity, Hemoglobin A1C, Serum Creatinine, CD4, Hematocrit, WBC, etc.