



FROM



home state health

MEDICATION PRIOR AUTHORIZATION REQUEST FORM

Is the request for a SPECIALTY MEDICATION or BUY & BILL?

- YES (Buy and Bill Medication Request) -> Complete this form and fax to 1-855-690-5433. For questions, call (855) 650-3789.
YES (Specialty Pharmacy Medication Request) -> Do NOT Use this form. Complete the drug-specific form on the Home State Health website and fax to number listed on the respective form.
NO (Non-Specialty Medication Request) -> Do NOT Use this form. Complete the Prior Authorization Request Form for Non-Specialty Drugs on the Home State Health website and fax to the number listed on the respective form.

TODAY'S DATE: _____

Form with sections: I. MEMBER INFORMATION (*REQUIRED FIELDS), II. PRESCRIBER INFORMATION (*REQUIRED FIELDS), III. Drug Information (only ONE drug request per form) (*REQUIRED FIELDS), IV. DIAGNOSIS (as relevant to this request) (*REQUIRED FIELDS), V. MEDICATION HISTORY (for this diagnosis). Includes fields for Name, ID Number, Gender, Date of Birth, Address, City, State, Zip, Primary Phone, Alternate Phone, Medication Allergies, Member's Height, Member's Weight, Specialty, NPI or DEA Number, Group or Hospital, Address, City, State, Zip, Phone, Fax, Office Contact Name, Additional Pertinent Provider Information, HCPCS, Drug Name, Dosage Form, Directions for Use, Therapy Start Date, Therapy End Date, ICD10, and Medication History questions.

| Drug Name, Strength, and Dosage | Dates of Therapy | Reason for Discontinuation |
|---------------------------------|------------------|----------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

VI. RATIONALE FOR REQUEST and PERTINENT CLINICAL INFORMATION

NOTE: Appropriate clinical information to support this request is required for all PA's. Attach additional sheets if more space is needed.

Prescriber Signature

X _____

Date:

Please access www.HomeStateHealth.com or contact provider services for a current listing of preferred products.

***REQUIRED FIELDS - PA requests with missing/incomplete required fields may be returned as an invalid request. Valid requests also require appropriate clinical documentation to support the medical necessity of this request.**