

### Prior Authorization Request Form

Provider must fill in ALL information below. It must be legible, correct and complete or form will be returned.

Client ID #: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Prescriber NPI: \_\_\_\_\_

Prescriber's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*To request a client's Control Substance (II-IV) profile, including carisoprodol (Soma) and tramadol (Ultram), contact the Wyoming Board of Pharmacy Prescription Drug Monitoring Program at 307-634-9636 or <http://pharmacyboard.state.wy.us>.**

<u>Drug Name</u> (Only 1 Drug per Form)	<u>Strength</u>	<u>Dosage Instructions</u>	<u>Days Supply</u>	<u>Quantity</u>	<u>Refills</u>
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1. Is this only a dose or quantity change from a previously approved PA?  Yes  No
2. Can the previously approved PA be cancelled?  Yes  No

**Medical Necessity Documentation Required:** (Attach copies of supporting documentation.)

3. Client's Medical Diagnosis \_\_\_\_\_

4. Why is this medication necessary for this client? \_\_\_\_\_

5. What other "preferred" alternatives (**including samples**) have been tried and why they were discontinued? Please include the dates of each trial or explain why the dates are unknown. Please provide as much information as possible. (The Preferred Drug List (PDL) is available at [www.wyomedicaid.org](http://www.wyomedicaid.org)).

<u>Medication</u>	<u>Dates of use</u>	<u>Reason for Discontinuing</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____
F. _____	_____	_____

6. Explain why each untried "preferred" alternative is unsuitable or less desirable: \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date of Submission:** \_\_\_\_\_

*\* Prescriber's original signature required; copied, stamped, or e-signatures are not allowed. By signature, the prescriber confirms the criteria information above is accurate and verifiable in client records.*