

Healthy Louisiana Pharmacy Prior Authorization Form

Aetna Better Health of Louisiana
 Phone: 1-855-242-0802 Fax: 1-844-699-2889
www.aetnabetterhealth.com/louisiana/providers/pharmacy

LA Healthcare Connections
 Phone: 1-888-929-3790 Fax: 1-866-399-0929
www.louisianahealthconnect.com/for-members/pharmacy-services/

Amerigroup
 Phone: 1-800-454-3730 Fax: 1-888-346-0102
www.myamerigroup.com/la/pages/medicaid.aspx

United Healthcare
 Phone: 1-800-310-6826 Fax: 1-866-940-7328
www.uhccommunityplan.com/health-professionals/la/pharmacy.html

AmeriHealth Caritas Louisiana
 Phone: 1-800-684-5502 Fax: 1-855-452-9131
www.amerhealthcaritasla.com/pharmacy/index.aspx

MEMBER INFORMATION

Patient Name: (Last Name)		(First Name)	(MI)
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:
Address: (Street)		(City)	(State) (Zip Code)
Phone Number:		Policy ID Number:	

PRESCRIBER INFORMATION

Practice Name:	Specialty:	NPI Number (2):	
Physician Name:	NPI Number (1):	DEA/License Number:	
Address: (Street)		(City)	(State) (Zip Code)
Phone Number:		Fax Number:	

MEDICATION INFORMATION Expedited Request: Yes No (If yes, explain below)

Drug Name:		Quantity:	
Strength:	Directions:		
Dispense as written: <input type="checkbox"/> Yes <input type="checkbox"/> No	Substitution Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Refills:
Currently on this medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other medications tried to treat this condition:		Dates:
List other current medications: (<input type="checkbox"/> See attached list)			
Reasons for discontinuation of tried therapies:			
Diagnosis/Indication:			ICD Diagnosis Code:
Rationale and/or other information relevant to the review of this request (explain reason for expedited request if applicable): (<input type="checkbox"/> Included lab results)			
Drug Allergies:		EPSDT Support Coordinator (optional): (Name/Address)	

PHARMACY INFORMATION

Pharmacy Name:	Phone Number:	Fax Number:
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Physician Signature: _____

Date: _____

Pharmacies are allowed to dispense a 72 hour emergency supply while authorization is pending.