



OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Request for Rx Prior Authorization

Request Date

Grid for Request Date: MM / DD / YYYY

Patient's Medicaid ID Number

PATIENT INFORMATION

Patient's Date of Birth

Grid for Patient's Medicaid ID Number

Grid for Patient's Date of Birth: MM / DD / YYYY

Patient's Full Name

Grid for Patient's Full Name

Prescriber's Full Name

PRESCRIBER INFORMATION

Grid for Prescriber's Full Name

Prescriber Street Address

Grid for Prescriber Street Address

City

State

Zip Code

Grid for City

Grid for State

Grid for Zip Code

Prescriber Phone:

Prescriber Fax:

Grid for Prescriber Phone: () - () - ()

Grid for Prescriber Fax: () - () - ()

Drug Requested:

Grid for Drug Requested

Strength

Quantity

Length of Therapy on Prescription

Frequency of Dosing

Grid for Strength, Quantity, Length of Therapy, and Frequency of Dosing

DIAGNOSIS:

Line for Diagnosis

Names of previous medications tried for this condition. List the reasons for therapeutic failure:

Line for previous medications

If applicable to your request, can a preferred medication be used by this patient? Yes No If no, give reason below: (For a complete list of preferred drugs, refer to the Ohio Website at http://jfs.ohio.gov/ohp/bhpp/meddrug.stm)

Line for preferred medication question

Signature of Prescriber

Date

Grid for Date: MM / DD / YYYY

By signature, the Prescriber (or agent of the prescriber) confirms the information provided is accurate.

FAX TO: OHIO Department of Job and Family Services

Fax: (800) 396 - 4111

PA HELPDESK: (877) 518 - 1546

Hours: Monday - Friday 7:00 am- 7:00 pm EST

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