Print Reset

Alaska Medicaid

Cost Exceeds Maximum Prior Authorization Form

This form may also be used for requests to exceed the maximum allowed units.
Form available on Alaska Medicaid's Medication Prior Authorization website

Fax this form to (888) 603-7696

This authorization request does not ensure eligibility and is not a guarantee of payment. Please verify Medicaid eligibility before completing this form. Incomplete requests will be denied until all required information is received.

Request Date: _____

REQUESTOR INFORMATION

Requestor Name: _____ Title: _____

MEMBER INFORMATION

Last Name: _____ First Name: _____

Member ID #: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female Member Phone: _____

PRESCRIBER INFORMATION

Last Name: _____ First Name: _____

Prescriber NPI: _____ Specialty: _____

Prescriber Phone: _____ Prescriber Fax: _____

PHARMACY INFORMATION

Pharmacy Name: _____ Pharmacy NPI: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

DRUG INFORMATION

Drug Name: _____ NDC: _____

Drug Strength: _____ Dosage Form: _____

Dosage Schedule: _____ Quantity: _____ Day Supply: _____

Is this a physician-administered drug? ☐ Yes ☐ No

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Last Name _____ First Name: _____

CLINICAL INFORMATION

1. Diagnosis with ICD-10 code: _____
2. Previous medications/treatments (please include dates and outcomes):

3. Medical justification (attach additional documentation needed to support request):

4. Therapy Type: ☐ New Therapy ☐ Renewal or Continuation of Therapy
   a. For **Continuing Therapy**, indicate disease response:
      ☐ Stabilization of disease ☐ Decrease in disease progression
      ☐ Decrease in symptoms ☐ Other: _____
5. Is the member experiencing any unacceptable toxicity from the drug for renewal?
   ☐ Yes ☐ No *If YES, describe:* _____

☐ Attachments

Attestation: I hereby certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by Alaska Medicaid.

Prescriber Signature: _____ **Date:** _____

Prime Therapeutics Management LLC
Attn: GV – 4201
P.O. Box 64811
St. Paul, MN 55164-0811

Phone: (800) 331-4475

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