



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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