PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Virginia Premier Non Formulary Exception Request

Phone:
Medallion 855-872-0005 **Fax back to: 866-754-9616**
VPEPLUS 844-838-0711

Elixir manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

☐ Expedited/Urgent

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Is the drug being requested initial therapy or continuing therapy?

☐ Initial therapy ☐ Continuing therapy

Q2. For continuing therapy, please specify start date (MM/YY). (If the request is for continuing therapy and the requested medication was approved by a previous Health Plan, please submit documentation of the previous approval to be considered).

Q3. What is the patient's diagnosis?

Q4. What is the anticipated duration of therapy?

☐ Less than one month
☐ One to three months
☐ Three months to one year
☐ Lifetime

Q5. Have there been therapeutic failure of at least two preferred formulary alternatives within in the same drug class?

☐ Yes ☐ No ☐ Unknown

Q6. If the answer to the above question is yes, please list the name of the medication(s) and the date(s) of trial and failure below:

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Q7. If the patient is unable to tolerate the formulary alternative, what is the issue the patient is having?

☐ The patient has an allergy to the formulary alternative ☐ Other

Q8. Please define Other.

Q9. Please provide any supporting clinical statements (such as chart notes, lab values, adverse outcomes, treatment failures, or any other additional clinical information to support an authorization request). Will this information be submitted with the request?

☐ Yes ☐ No

Q10. Virginia Premier does not recognize the use of drug samples to meet clinical criteria requirements for prior drug use for drugs covered under the pharmacy benefit or drugs administered in the physician office or other outpatient setting. A physician's statement that samples have been used cannot be used as documentation of prior drug use. Do you attest that you have read and understand this statement and are not indicating sample usage as continuing therapy?

☐ Yes ☐ No

Prescriber Signature

Date