



**Please allow Amerigroup at least 24 hours to review this request.**

<p>Has the member tried other medications to treat this condition?</p> <p><input type="checkbox"/> Yes: Provide this information in the area to the right. You may be asked to provide supporting documentation such as copies of medical records, office notes or a complete FDA MedWatch form.</p> <p><input type="checkbox"/> No: Explain why not below.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Drug(s) name and strength:</b></p> <p>_____</p> <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Date range of use:</b></td> <td style="width:50%;"><b>SIG (dose and frequency):</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <hr/> <p><b>Did member experience any of the below?</b></p> <p><input type="checkbox"/> Adverse reaction    <input type="checkbox"/> Inadequate response    <input type="checkbox"/> Other</p> <p>Briefly describe details of adverse reaction, inadequate response or other in the space provided below.</p> <p>_____</p>	<b>Date range of use:</b>	<b>SIG (dose and frequency):</b>	_____	_____
<b>Date range of use:</b>	<b>SIG (dose and frequency):</b>				
_____	_____				

Describe medical necessity for nonpreferred medication(s) or for prescribing outside of FDA labeling:

\_\_\_\_\_

\_\_\_\_\_

List all current medications, including dose and frequency:

\_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

**Diagnostic studies and/or laboratory tests performed**  
(List all tests done within the past 30 days that are related to diagnosis for medication requested.)

Labs:			Diagnostic tests:		
Test	Date	Result	Procedure	Date	Result

**Prescriber signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signature, the prescriber confirms the above information is accurate and verifiable by patient records and understands that any falsification, omission or concealment of material may be subject to civil or criminal liability.*

**Fax this form to 1-844-512-7026 once complete.**

**For telephone PA requests or questions, please call 1-800-454-3730.**

**This form and PA criteria may be found by accessing [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia).**