

## TEXAS STANDARDIZED PRIOR AUTHORIZATION REQUEST FORM FOR PRESCRIPTION DRUG BENEFITS INSTRUCTIONS

***Please read all instructions below before completing the form.***

*Please send this request to the issuer from whom you are seeking authorization. **Do not send this form** to the Texas Department of Insurance, the Texas Health and Human Services Commission, or the patient's or subscriber's employer.*

Beginning September 1, 2015, health benefit plan issuers must accept the Texas Standardized Prior Authorization Request Form for Prescription Drug Benefits if the plan requires prior authorization of a prescription drug or device.

In addition to commercial issuers, the following public issuers must accept the form: Medicaid, the Medicaid managed care program, the Children's Health Insurance Program (CHIP), and plans covering employees of the state of Texas, most school districts, and The University of Texas and Texas A&M Systems.

**Intended use:** Use this form to request prior authorization **by fax or mail** when an issuer requires prior authorization of a prescription drug, a prescription device, formulary exceptions, quantity limit overrides, or step-therapy requirement exceptions. An issuer may also provide an **electronic version of this form** on its website that you can complete and submit electronically, through the issuer's portal, to request prior authorization of a prescription drug benefit.

**Do not use this form to:** 1) request an appeal; 2) confirm eligibility; 3) verify coverage; 4) request a guarantee of payment; 5) ask whether a prescription drug or device requires prior authorization; or 6) request prior authorization of a health care service.

### **Additional information and instructions:**

**SECTION I — SUBMISSION:** Enter the issuer's name and contact information. An issuer may have already entered this information on the copy of this form posted on its website.

**SECTION VI — PRESCRIPTION COMPOUND DRUG INFORMATION:** List the quantities of ingredients in units of measure (mg, ml, etc.).

**SECTION VIII — PATIENT CLINICAL INFORMATION:** Enter ICD Version 9 or 10, as applicable.

**SECTION IX — JUSTIFICATION:** In the space provided or on a separate page:

- Provide pertinent clinical information to justify requests for initial or ongoing therapy, or increases in current dosage, strength, or frequency.
- Explain any comorbid conditions and contraindications for formulary drugs.
- Provide details regarding titration regimen or oncology staging, if applicable.
- Provide pertinent information about any step-therapy exception, if applicable.

Attach supporting clinical documentation (medical records, progress notes, lab reports, etc.), if needed.

**Note:** *Some issuers may require more information or additional forms to process your request. If you think more information or an additional form may be needed, please check the issuer's website before faxing or mailing your request.*