



MEDICATION PRIOR AUTHORIZATION REQUEST FORM FAX this completed form to 1-888-865-6531 OR Mail request to: Pharmacy Services Prior Authorization Dept.

5 River Park Place East, Suite 210 | Fresno, CA 93720 Call 1-833-705-1351 to request a 72-hour supply of medication.

Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

HIV Diagnosis Verification or Prophylaxis For HIV

This form is not the appropriate form for Fuzeon, Selzentry, or Serostim submissions. Note: Form must be completed in full. An incomplete form may be returned.

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Recipient's Medicaid ID#	Date of Birth (MM/D	
Recipient's Full Name		
Prescriber's Full Name		
Prescriber's NPI		
Prescriber Phone Number		Prescriber Fax Number

Drug	Quantity	Dosage and Frequency of Dosage

HIV Diagnosis Verification OR Prophylaxis for HIV			
Diagnosis / Indication for therapy:			
Maternal-fetal prophylaxis			
Sexual Assault (non-occupational exposure prophylaxis)			
HIV (Specify Diagnosis Code):			
Pre-Exposure HIV Prophylaxis			
Other:			
Providers who call 800-603-1714 or 877-553-7481 to verbally attest to an HIV diagnosis will be allowed a			
one-month override to allow time for diagnoses codes to be updated in the billing process or for this verification form to be submitted with medical records to Medicaid. Technology solutions have been implemented to allow claims to automatically process for maternal-fetal prophylaxis and assault victims.			

Date:

Providers must retain copies of all documentation for five years.

Prescriber's Signature:

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