

North Carolina Pharmacy Prior Approval Request for Standard Drug Request Form

Beneficiary Information

1. Beneficiary Last Name: _____	2. First Name: _____
3. Beneficiary ID #: _____	4. Beneficiary Date of Birth: _____
5. Beneficiary Gender: _____	

Prescriber Information

6. Prescribing Provider NPI #: _____	Phone #: _____
7. Requester Contact Information - Name: _____	
Phone #: _____	Ext. _____

Drug Information

8. Drug Name: _____	9. Strength: _____	10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): <input type="checkbox"/> up to 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 120 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 365 Days <input type="checkbox"/> Other _____		

Clinical Information

1. <input type="checkbox"/>	Failed two preferred drug(s). If only one preferred drug is available, then failed one preferred drug. List preferred drugs failed: _____
1a. <input type="checkbox"/>	Allergic Reaction
1b. <input type="checkbox"/>	Drug-to-drug interaction. Please describe reaction: _____
2. <input type="checkbox"/>	Previous episode of an unacceptable side effect or therapeutic failure. Please provide clinical information: _____
3. <input type="checkbox"/>	Clinical contraindication, co-morbidity, or unique patient circumstance as a contraindication to preferred drug(s). Please provide clinical information: _____
4. <input type="checkbox"/>	Age specific indications. Please give patient age and explain: _____
5. <input type="checkbox"/>	Unique clinical indication supported by FDA approval or peer reviewed literature. Please explain and provide a general reference: _____
6. <input type="checkbox"/>	Unacceptable clinical risk associated with therapeutic change. Please explain: _____

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.