

Medication Prior Authorization Request Form UnitedHealthcare Medicaid and Florida Healthy Kids

To Prescriber: Complete ENTIRE form, SIGN and return to:

Fax: (866) 940-7328

INJECTABLE DRUGS FAX: (800) 764-4388

Your request cannot be processed without complete information this includes provider specialty and address

Member Name:	Provider name:
Member ID:	Address:
Address:	Phone:
	Fax :
Phone:	Specialty:
Date of Birth:	NPI # (required)

Medication:	Strength:
Directions for use:	
Diagnosis (Please be specific & provide as much information as possible):	
Date patient started medication:	
Name of specific medications tried and failed:	
Reason for Non-Formulary Request (<i>Patient chart notes may be requested if further documentation is necessary</i>):	
Requesting Physician's signature:	Date:
Additional notes/Additional Treatment/Therapies (diet, exercise, physical therapy, pertinent patient data and lab values (if applicable):	

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