**Prior Authorization Request**
Phone: (586) 465-8323
Fax: (586) 469-7674

**Instructions:**
This form is to be used by designated MCCMH physicians to obtain coverage for a MCCMH non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to Chief Medical Officer at (586) 469-7674, attaching copies of all prescriptions, current psychiatric evaluation and medication review if not available on FOCUS. If you have any questions regarding this process, please contact the office of the Chief Medical Officer (586) 465-8323.

**Review Criteria:**
The following criteria are used in reviewing medication requests:
1. The use of MCCMH Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of MCCMH Formulary or related agents.
3. The choices available in the MCCMH Drug Formulary are not suited for the present patient care need and the medication requested is required for patient safety.
4. The use of a MCCMH Formulary Drug Product may provoke an underlying medical condition (Axis III), which would be detrimental to patient care.

**Medication Request Information (please complete each section of this form prior to transmittal):**

| Consumer Name: | Physician's Name: |
|---|---|
| Please check as applicable ☐ Medicaid client ☐Medicare client ☐ Other Insurance ☐ Indigent client | |
| Consumer ID #: | Physician NPI #: |
| Consumer DOB: | Physician Area Code and Telephone Number (required): ( ) |
| Diagnosis: Axis I: | Physician Area Code and Fax Number (required): ( ) |
| Axis II: | |
| Axis III: | |
| Medication Requested: | |
| Dose: | Dosage Form:(e.g., Oral, Injection) |
| Strength: | Length of Treatment **(be specific):** |
| Reason for Medication Request (**be specific, give detail**): | |
| | |
| | |
| Other Medications Tried and/or Failed (dose, dosage form, duration): | |
| | |
| | |
| Other Pertinent History: | |
| | |
| | |
| Physician Signature: | Date: |
| Received: ___/___/____ ◻ Approved | ◻ Not Approved |
| Comment: | |
| | |
| | |
| Chief Medical Officer: | Date: |

**MCO 2-051, Exhibit F (Revised 09/21)**