

Global Nonformulary Prior Authorization Form

Please complete, sign and date this form. Fax it to Anthem Blue Cross and Blue Shield Medicaid (Anthem) at **1-844-879-2961**. Please contact Anthem at **1-855-661-2028** with questions regarding the prior authorization process.

Drug name (please specify): _____

Patient information	
Patient name: _____	Patient ID #: _____
Patient group number: _____	Patient DOB: _____
Prescriber information	
Physician name: _____	NPI #: _____
Physician phone #: _____	Physician fax #: _____
Physician address: _____	
City, State ZIP code: _____	
Diagnosis	
Diagnosis: _____	ICD code: _____

Please circle the appropriate answer for each question.

1. Is this an office-administered injectable drug? Yes No
2. Is the intent to provide and bill for this medication at the physician's office? Yes No
(If the answer to this is yes, please call Provider Services at **1-855-661-2028** or fax Provider Services at **1-844-879-2961** for review.)
3. Is the requested drug being used for an FDA-approved indication? Yes No
4. Is the requested drug being used for an indication that is supported by information from the appropriate compendia of current literature (for example, AHFS, Micromedex®, current accepted guidelines, etc.)? Yes No
5. Has the patient demonstrated a failure of or intolerance to a majority (not more than three) of the preferred formulary/PDL alternatives for the given diagnosis? Yes No
6. Is the drug being prescribed within the manufacturer's published dosing guidelines, or does it fall within dosing guidelines found in the compendia of current literature (for example, package insert, AHFS, Micromedex, current accepted guidelines, etc.)? Yes No
7. Is the drug being prescribed for a medically accepted indication that is recognized as a covered benefit by the applicable health plan's program? Yes No

Comments: _____

I affirm that the information given on this form is true and accurate as of this date.

Prescriber or authorized signature: _____

Date: _____

<https://mediproviders.anthem.com/ky>

