Chorus Community Health Plans
PO Box 1997 - MS 6280 | Milwaukee, WI 53201-1997
Toll-free: 1-844-201-4677 | chorushealthplans.org

Non-Formulary Medications Prior Authorization

If this is an urgent request, please call CCHP Pharmacy Services at 1-844-201-4677 Otherwise please return completed form to CCHP Pharmacy Services by fax at 1-844-201-4675.

Past Relevant Medical Treatment

Please complete all sections of this form AND include details of past relevant medical treatment, which substantiates the need for an exception to using formulary alternatives, i.e. past prescription treatment failures, documented side effects, chart documentation, lab values, etc. Incomplete responses may delay this request.

OFFICE CONTACT

PROVIDER FIRST NAME | PROVIDER LAST NAME | PROVIDER SPECIALITY

PROVIDER PHONE | PROVIDER FAX | PROVIDER NPI#

PATIENT NAME | PATIENT ID NO | PATIENT DOB

DRUG REQUESTED | STRENGTH | FREQUENCY | QTY DISPENSED (# of units)

☐ Brand ☐ Generic

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

☐ New medication
☐ Ongoing medication

If ongoing, please provide date started: _____

If medication is ongoing, did the member show improvement while on therapy? ☐ Yes ☐ No

Diagnosis: _____

Please indicate place of administration: ☐ Physician's Office ☐ Hospital/Facility ☐ Patient Home
☐ Other: _____

Please provide hospital/facility information:

NAME | PHONE | ADDRESS

Will the drug be: (select one: ☐ Billed medically using a JCODE ☐ Billed at a pharmacy

JCODE: _____

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History of medications used to treat above conditions

Specific clinical information is essential to determine whether this medication can be approved.

Have other medications been used in the past to treat this condition? ☐ Yes ☐ No

If yes, please provide the following information for ALL past medications tried:

Medication Name	Start Date	End Date	Strength	Frequency	Reason for failure /discontinuation

Please provide any additional information which should be considered in the space below: