CHORUS COMMUNITY HEALTH PLANS

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 Chorus Community Health Plans Pharmacy Services at 1-844-201-4677
Otherwise please return completed form to Chorus Community Health Plans 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:

Chorus Community Health Plans complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al 1-844-201-4672 (TTY: 7-1-1). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm muab kev pab txhais lus pub dawb rau koj. Hu rau 1-844-201-4672 (TTY: 7-1-1).

Internal Reference: CHO Member Form – Non-Formulary Medication Prior Authorization Form (2022.0724)

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:

Chorus Community Health Plans complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex.
Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al 1-844-201-4672 (TTY: 7-1-1). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm muab kev pab txhais lus pub dawb rau koj. Hu rau 1-844-201-4672 (TTY: 7-1-1).