CHORUS COMMUNITY HEALTH PLANS

# Prior Authorization Form: **Compounded Medications**

If this is an urgent request, please call Chorus Community Health Plans Pharmacy Services.
Otherwise, please return completed form – Phone: 844-201-4677 or Fax: 844-201-4675

***Please type or print neatly. Incomplete responses may delay this request.***

| Office contact: | Provider specialty: |
|---|---|
| Provider first name: | Provider last name: |
| Provider phone #: | Provider fax #: |

| Patient name: | CCHP Member ID #: | Patient DOB: | Patient age: |
|---|---|---|---|

| Drug requested:<br>**Brand** **Generic** | Strength: | Frequency: | Quantity dispensed (including units): |
|---|---|---|---|

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

| **New medication**<br>**Ongoing medication** | If ongoing, please provide start date: | If ongoing, did the member show improvement while on therapy? | **Yes**<br>**No** |
|---|---|---|---|

| Diagnosis: | Date of diagnosis: |
|---|---|
| Please indicate place of administration: **Physician office** / **Hospital/Clinic** / **Patient home**<br>Please provide hospital/facility name and address: | Will the medication be (select one):<br>**Billed directly by the provider via JCODE**<br>**JCODE: _______________________________**<br>**Billed by a pharmacy and delivered to the provider**<br>**Billed by a pharmacy and delivered to the patient** |

Dosage form requested:
**Capsule** **Liquid** **Topical Cream** **Suppository** **Other (please specify): _______________**

| **Name of each ingredient** *(Include all drugs and fillers)* | **Total amount of each ingredient in the compound** *(i.e. grams, ounces)* | **Number of capsules/tablets or volume of liquid being dispensed** |
|---|---|---|
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## History of medications previously tried and failed

| Medication Name | Start Date | End Date | Strength | Frequency | Reason for failure / discontinuation |
|---|---|---|---|---|---|
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## Please provide any additional information which should be considered in the space below:

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