FORMS

The following forms that are used in the Pharmacy Program can be downloaded from http://www.lamedicaid.com/provweb1/Forms/forms.htm.

- Behavioral Medication Therapy Clinical Pre-Authorization Form

- Hepatitis C Virus (HCV) Medication Therapy Worksheet

- Hepatitis C Therapy Treatment Agreement Form

- Palivizumab (Synagis ®) Request for Reconsideration

- Request for Clinical Pre-Authorization Form

- Request for Omalizumab (Xolair®) Prior Authorization

- Request for Palivizumab (Synagis®) Clinical Pre-Authorization

- Request for Prescription Override Form

- Request for Reconsideration

  Request for Prescription Prior Authorization

Other forms used are:

FORM	USE
https://lamedicaid.com/provweb1/Forms/Form_211.pdf	This form is used to submit pharmacy claim adjustments, voids, and DUR overrides.
http://www.lamedicaid.com/provweb1/Forms/Opioid_Analgesic_Treatment_Worksheet.pdf	This form is used to address overrides to exceed the Morphine Milligram Equivalent (MME) per day limit.
PA01	Total Parenteral Nutrition providers are required to utilize this form to request prior authorization for TPN services.
CMS-1500	This form is submitted to receive reimbursement for Total Parenteral Nutrition services.

FORM	USE
http://ldh.la.gov/assets/docs/BayouHealth/Pharmacy/PharmacyPriorAuthorizationForm.pdf	This form is utilized as a universal prior authorization form for Medicaid outpatient retail pharmacy claims.