
CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

APPENDIX F – FORMS**PAGE(S) 1**

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
http://www.lamedicaid.com/provweb1/Forms/FINAL_drugadjustforminstruct_71803.pdf	This form is used to submit pharmacy claim adjustments, voids, and DUR overrides.
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.