

**INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT  
HIGH DOLLAR COMPOUNDED PRESCRIPTION CLAIM PRIOR AUTHORIZATION (PA) REQUEST FORM**



**CareSource Pharmacy Prior Authorization Form**  
**P.O. Box 8738**  
**Dayton, OH 45401-8738**  
**Fax: 866-930-0019**



Today's Date

/   /

Non-Urgent ☐

Urgent ☐

**Note:** This form must be completed by the prescribing provider. All sections must be completed or the request will be returned.

Patient's CareSource # <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>		
Patient's Name	Prescriber's Name		
Prescriber's Indiana License #	Specialty		
Prescriber's NPI #	Office Contact		
Prescriber's Fax <input type="text"/> - <input type="text"/> - <input type="text"/>	Prescriber's Phone <input type="text"/> - <input type="text"/> - <input type="text"/>		
Prescriber's Address	Date(s) of Service requested: _____ Start Date: _____		
Requested Compound Ingredient List: _____ _____			
<b>Dosage</b>	<b>Form</b>	<b>Directions for Use</b>	<b>Quantity</b>
<b>PA requirements:</b>			
<p>1. Compound requested meets all federal and state legal requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Pharmacist or prescriber has verified the validity of the claim; including quantity and components? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Faxed documentation for clinical rationale or medical justification (medical chart records indicating previous trial of commercially available therapeutic alternatives, alternatives are unsuitable for use, no reasonable therapeutic alternatives, supporting literature, etc.) for use is attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain: _____ _____ _____</p>			

I attest that the provided information above is accurate:

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

This facsimile and any attached document are confidential and are intended for the use of individual or entity to which it is addressed. If you have received this in error, please notify us by telephone immediately at **1-844-607-2831**.