**Provider Help Desk** 1 (877) 776 –1567

## FAX Completed Form To 1 (800) 574-2515

## Iowa Department of Human Services REQUEST FOR PRIOR AUTHORIZATION VITAMINS & MINERALS

This form is used for both preferred and non-preferred agents. (PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid  Member ID #:	ıt Name:	DOB:
Patient Address:		
Provider NPI:		
Prescriber Address:		Fax:
Pharmacy Name: Address  Prescriber must fill all information above. It mu	: ist be legible, correct and	Phone: complete or form will be returned.
Pharmacy		
NPI:                       Pharmacy Fa	X: NE	OC:   _
approved when there is a diagnosis of specific vitamin or mineral deficiency disease or for patients aged 20 or under if there is a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease. (Prior approval is not required for prescribed multi-vitamins with or without iron or vitamin D supplements for patients under 12 months of age or a prescription product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.)  Drug Name:		
Dosage Instructions:	Quantity:	Days Supply:
Diagnosis:  Other medical conditions to consider:		
Attach lab results and other documentation as		
Progoribor Cianoturo		to of Submission:

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.

\*MUST MATCH PRESCRIBER LISTED ABOVE