Wellpoint

# *Propylthiouracil Prior Authorization of Benefits Form*

**CONTAINS CONFIDENTIAL PATIENT INFORMATION**
**Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 844-474-3341.**

| **1. Patient information** | **2. Physician information** |
|---|---|
| Patient name: _____<br>Patient ID #: _____<br>Patient DOB: _____<br>Date of Rx: _____<br>Patient phone #: _____<br>Patient email address: _____ | Prescribing physician: _____<br>Physician address: _____<br>Physician phone #: _____<br>Physician fax #: _____<br>Physician specialty: _____<br>Physician DEA: _____<br>Physician NPI #: _____<br>Physician email address: _____ |

| **3. Medication** | **4. Strength** | **5. Directions** | **6. Quantity per 30 days** |
|---|---|---|---|
| Propylthiouracil | ☐ 50 mg tablet | _____ | Specify: _____ |

**7. Diagnosis:**
_____

**8. Approval criteria:** (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

☐ Yes ☐ No Patient is less than or equal to 18 years of age?
☐ Yes ☐ No Patient has a diagnosis of pregnancy in the past 120 days?
☐ Yes ☐ No Patient has an allergy to methimazole in last 180 days?

For the Texas Medicaid *Preferred Drug List*, please refer to the Texas Medicaid Vendor Drug Program website at **http://www.txvendordrug.com/formulary/formulary-search.asp**.



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**9. Physician signature**

| | |
|---|---|
| _____ Prescriber or authorized signature | _____ Date |
| *Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.*<br>Note: Payment is subject to member eligibility. Authorization does not guarantee payment. | |
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