

Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
☐ Check if requesting brand			Directions for Use:		
☐ Check if request is for continuation of therapy					
Clinical Information (required)					
What is the patient's diagnosis for the medication being requested? _____ ICD-10 Code(s): _____					
What medication(s) has the patient tried and had an inadequate response to? (Please specify ALL medication(s)/strengths tried, length of trial, and reason for discontinuation of each medication)					
What medication(s) does the patient have a contraindication or intolerance to? (Please specify ALL medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication)					
Are there any supporting labs or test results? (Please specify)					
Use of High Risk Medications (HRMs) in the elderly (applies on patients ≥ 65 years ONLY): <i>"Use of High Risk Medications in the Elderly" is measure 238 of the Centers for Medicare & Medicaid Services Physician Quality Reporting System.</i> Does the provider acknowledge that this drug has been identified by the Centers for Medicare and Medicaid Services as a high risk medication in the 65 and older population? ☐ Yes ☐ No Does the provider wish to proceed with the originally prescribed medication? ☐ Yes ☐ No					
Quantity limit requests: What is the quantity requested per DAY? _____ What is the reason for exceeding the plan limitations? ☐ Titration or loading-dose purposes ☐ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime) ☐ Requested strength/dose is not commercially available ☐ There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. Please specify: _____ ☐ Patient requires a greater quantity for the treatment of a larger surface area [Topical applications only] ☐ Other: _____					

Y0043_ N00016915_C

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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note:

This request may be denied unless all required information is received.

If the patient is not able to meet the above standard prior authorization requirements, please call 1-888-277-3917.

For urgent or expedited requests please call 1-888-277-3917.

This form may be used for non-urgent requests and faxed to 1-844-403-1028.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at <https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) PAGPAHIMANGNO: Kung nag-istorya ka og Cebuano, ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) ESINESIN: Ika en mi sine Fosun Chuuk, mi kawor aninisin fosun fonu mei pachonong pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke nā lawelawe kōkua ‘ōlelo me nā kōkua kōkua kūpono a me nā lawelawe, manuahi ‘ole, loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) ATENSION: No makasaoka iti Ilokano, dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-966-5955** までお電話ください (TTY: **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-966-5955** (TTY: **711**)로 전화해 주세요.

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-966-5955** (TTY: **711**).

Kajin Majōl (Marshallese) Roñjake: Ñe kwōjelā kajin Kajin Majōl, eo ej jipañ eok ilo kajin in ekaoba jermal ko jet, ejjelok oñāāer, repellok ñan eok. Kūr tok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bí'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien me kele mehlel oh sarawi kan me pahn limpoak, en kak sawa ni ke, lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) FA'AMALU: Afai e te tautala i le Gagana Samoa, o auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni todogi, o lo'o avanoa mo oe. Fa'amalie atu i le **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau 'oku ke lea Faka-Tonga, 'oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-966-5955** (TTY: **711**).

NONDISCRIMINATION NOTICE

Kaiser Permanente complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently or less favorably because of:

- Race
- Color
- National Origin (including limited English proficiency and primary language)
- Age
- Disability
- Sex

Kaiser Permanente provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, braille, accessible electronic formats, other formats)

Kaiser Permanente provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **808-432-5330**, toll-free **1-800-651-2237** or by TTY **711**

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way, you can file a grievance with: Kaiser Civil Rights Coordinator, 711 Kapiolani Blvd., Honolulu, HI 96813. Phone: **808-432-5330** or toll-free **1-800-651-2237**; TTY: **711**; Fax: **808-432-5300**; Email: civil-rights-coordinator@kp.org.

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Kaiser Permanente Civil Rights Coordinator is available to help you.

This notice is available at [Noticehttps://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice/medicaid](https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice/medicaid)

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201; **1-800-368-1019, 1-800-537-7697** (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

HELP IN YOUR LANGUAGE

(English) Do you need help in another language? Language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call 1-800-651-2237 to tell us which language you speak. (TTY: 711).
(Cantonese) 您需要其他语言帮助吗？我们免费为您提供语言援助服务，包括适当的辅助工具和服务。请致电 1-800-651-2237 告知我们您说什么语言。(TTY: 711).
(Chuukese) En mi nit aninis non pwan och fosun fonu? Mi kawor aninisin fosun fonu me ekoch pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru 1-800-651-2237 ka ereni kich meni fosun fonu ke kan fos non. (TTY: 711).
(French) Avez-vous besoin d'aide dans une autre langue ? Des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le 1-800-651-2237 pour nous dire quelle langue vous parlez. (TTY: 711).
(German) Benötigen Sie Hilfe in einer anderen Sprache? Die Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen steht Ihnen kostenfrei zur Verfügung. Rufen Sie 1-800-651-2237 an, um uns mitzuteilen, welche Sprache Sie sprechen. (TTY: 711).
(Hawaiian) Loa'a iā 'oe nā lawelawe kōkua 'ōlelo me nā kōkua kōkua a me nā lawelawe me ka uku 'ole. Kāhea 1-800-651-2237 oe ia la kaua a e ha'ina 'oe ia la maua mea 'olelo o na 'aina 'e. (TTY: 711).
(Ilocano) Kasapulam kadi ti tulong iti sabali a pagsasao? Dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti 1-800-651-2237 tapno maibagam kadakami no ania a pagsasao ti pagsasaom. (TTY: 711).
(Japanese) 他の言語でのサポートが必要ですか？適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。1-800-651-2237 にお電話いただき、使用される言語をお知らせください。(TTY : 711) 。
(Korean) 다른 언어로 도움이 필요하신가요? 언어 지원 서비스는 필요에 따라 보조 기기 및 서비스를 포함하여 무료로 제공됩니다. 도움이 필요한 언어를 알려주시려면 1-800-651-2237 로 전화해 주세요. (TTY : 711) .
(Mandarin) 您需要其他語言的幫助嗎？您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 1-800-651-2237 告訴我們您說哪種語言。(TTY: 711).
(Marshallese) Kwōj ke aikuj jipañ ilo kajin ko jet? Ro rej ropajikin jipañ eok ikijien kajin im jermal ko jet repojakin jermal ippam ilo ejjelok oñaer. Kūr tok 1-800-651-2237 ñan kaaroñ tok kōm kōn kajin eo am. (TTY: 711).
(Samoan) O lo'o e mana'omia se fesoasoani i se isi gagana? O auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totogi, o lo'o avanoa mo oe. Fa'amalie atu i le 1-800-651-2237 ma ta'u mai i matou le gagana e te tautala ai. (TTY: 711).
(Spanish) ¿Necesita ayuda en otro idioma? Tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al 1-800-651-2237 para que nos indique el idioma que habla. (TTY: 711).
(Tagalog) Kailangan mo ba ng tulong sa ibang wika? Available sa iyo ang mga serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa 1-800-651-2237 para sabihin sa amin kung aling wika ang sinasalita mo. (TTY: 711).
(Tongan) 'Oku ke toe fiema'u ha tokoni 'i ha lea kehe? 'Oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa 1-800-651-2237 pea talamai 'a e lea 'oku ke faka'aonga'i. (TTY: 711).

(Vietnamese) Bạn có cần trợ giúp bằng ngôn ngữ khác không? Bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-651-2237** để cho chúng tôi biết ngôn ngữ bạn nói. (TTY: **711**).

(Visayan) Nanginahanglan ka ba og tabang sa laing pinulongan? Ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-651-2237** aron isulti kanamo kung unsang pinulongan ang imong ginasulti. (TTY: **711**).