State of Illinois
Illinois Department of Healthcare and Family Services

Drug Prior Authorization Request Form

Fax completed form to **217-524-7264**, **or** call 1-800-252-8942 and provide all information requested below

Typically, if a drug requires prior approval, alternatives are available without prior approval. To find an alternative that is available without prior approval, see the Department's Preferred Drug List at **http://www.hfs.illinois.gov/preferred/** or search for prior approval requirements by drug at **http://www.ilpriorauth.com/**

Patient information *(required)*:	**Prescriber information *(required)*:**
Name: ____________	Name: ____________
DOB: ____________	Phone: ____________
Nine-Digit HFS Recipient #: ____________	Fax: ____________
	NPI #: ____________
Pharmacy information *(required only when pharmacy is the requesting provider)*:	**Contact person for this request (*required*):**
Pharmacy Name: ____________	Name: ____________
Phone: ____________	Phone: ____________
Fax: ____________	Fax: ____________
NPI #: ____________	

Medication: ____________ Strength: ____________ Quantity: ____________ Refills: ____________

NDC# (if available): ____________ Effective begin date: ____________ ☐ New prescription ☐ Renewal

Directions for use including length of treatment: ____________

1. Indication, Diagnosis or ICD-9 Code: ____________

2. Please list **all** medications previously tried for this indication and description of failure (e.g., side effect, intolerance):

____

Additional information or reason for requesting drug (please provide specific justification for using this medication instead of one that does not require prior authorization):

____

If you are requesting an override of a specific limitation, please indicate by checking the appropriate box:

☐ Age Override ☐ Three Brand Limit Override ☐ Brand Name Override

☐ Sex Override ☐ Maximum/Minimum Quantity Override ☐ Emergency 72 hour supply

☐ Daily Dose Override

Prescriber or designee's signature: ____________ Date: ____________

NOTE: Post approvals may be allowed in certain circumstances.
For further information, see the Pharmacy Provider Handbook at http://www.hfs.illinois.gov/handbooks/