State of Maine Department of Health & Human Services MaineCare/MEDEL Prior Authorization Form DRUG - DRUG INTERACTIONS SUBJECT TO PA

Phone: 1-888-445-0497 **www.mainecarepdl.org** Fax: 1-888-879-6938

| | | ider NPI: _ _ _ | | | |
|--|-----------------------|-----------------------------------|----------------|---|-------------------|
| ovider Name: | | | | Phone: | |
| ovider Address: | | | | Fax: | |
| armacy Name: | | | | Rx phone: nplete or form will be returned. | |
| | | | | NDC: _ _ | |
| Drug Name | Stren | <u>Dosage</u> gth Instructions | Quantity | Days Supply (34 days max) Refills | |
| DRUG 1 | <u></u> | <u> </u> | <u> </u> | | 5 |
| DRUG 2 | | | | 1 2 3 4 | 5 |
| | | | | | |
| Why is this drug combina | | | | | |
| How will you monitor yo | | | • | on? | |
| How will you monitor yo | | | | | |
| How will you monitor yo Do the benefits of this dru | ug combination outwei | gh the risks? YES N | O (circle one) | | xplai |
| How will you monitor yo Do the benefits of this dru Is there any other untried | ug combination outwei | gh the risks? YES N | O (circle one) | | explai |

*MUST MATCH PROVIDER LISTED ABOVE