



Amino Acid-Based Formula

PRIOR AUTHORIZATION REQUEST FORM

For authorization, **please answer each question, include patient chart notes to document clinical information, and fax this form back to the PEHP Prior Authorization Department at (801) 245-7774** or mail to: PEHP Pharmacy services, 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization questions, you may phone the PEHP Customer Service at (801) 366-7551.

1. Date:	2. Patient Name:	3. ID #:
4. D.O.B:	5. Physician:	6. Office Phone:
7. Office Fax:	8. Office Contact:	9. Dose Request:
10. Sex:	11. Weight:	

Authorization is requested from: _____ to _____

Question	Yes	No	Comments/Notes
12. Select the diagnosis of the patient: <input type="checkbox"/> Eosinophilic esophagitis <input type="checkbox"/> Eosinophilic gastritis <input type="checkbox"/> Eosinophilic gastroenteritis <input type="checkbox"/> Eosinophilic enteritis <input type="checkbox"/> Eosinophilic colitis <input type="checkbox"/> Food protein-induced enterocolitis <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Other(list): _____			Documentation is required.
13. Has the severity of the above condition resulted in weight loss/failure to thrive?			
14. Select which of the following clinical features the patient has: <input type="checkbox"/> Dysphagia/food impaction <input type="checkbox"/> Early satiety <input type="checkbox"/> Chronic abdominal pain <input type="checkbox"/> Chronic diarrhea <input type="checkbox"/> Chronic nausea and/or vomiting <input type="checkbox"/> Hematochezia <input type="checkbox"/> Gastric reflux <input type="checkbox"/> Other(list): _____			
15. Will the formula be ordered by a physician?			
16. Will the formula be administered orally?			
17. Does the formula contain 100% free amino acids as it's protein source?			
18. Name of formula:			
19. NDC of formula:			
20. If the request is for continued treatment, has the patient had a beneficial response to therapy? (e.g. reduction in symptoms, weight gain)			Documentation is required.

PEHP covers Amino Acid-Based Formula as a pharmacy benefit only with contracted pharmacies.

21. Physician's signature: _____

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