

Colorado Medicaid Pharmacy Global Prior Authorization Form

Member Name: _____ DOB: _____ Medicaid ID: _____

Provider Name: _____ NPI: _____

Provider Phone: _____ Provider Fax: _____

For Global Prior Authorization approval a member must meet all of the following criteria and cannot be a Medicare-Medicaid enrollee (dual eligible) client: Please provide chart documentation of all diagnoses.

1. Check if you are the member's focal point of care provider
2. Check one of the following boxes to indicate if this member is at high risk for drug-drug interactions.
 - a. Member is taking eight or more medications NOT including over the counter products (OTC products not subject to this exclusion include classes on the Preferred Drug List) OR
 - b. Member is taking 3 or more high risk medications including: immunosuppressant agents, insulin (all forms considered as one medication), digoxin, and anticoagulants.
3. Check one of the following boxes to indicate the members' diagnosis:
 - a. HIV/AIDS – taking antiretroviral therapy
 - b. Severe chronic schizophrenia (Please circle correct diagnosis) (ICD10 code F20.0, F20.1, F20.2, F20.3, F20.5, F20.8, F20.81, F20.89, F20.9)
 - c. Severe bipolar disorder (please circle correct diagnosis) (ICD10 code F31.13, F31.4, F31.5, F31.63, F31.64)
 - d. Traumatic Brain Injury – An injury caused by a blow or jolt to the head, penetration of the head, or violent shaking, that disrupts the function of the brain, resulting in long-term, and lifelong need for help in performing activities of daily living.
 - e. These diagnoses include life-long disability, inability to live independently, severe communication difficulties and/or profound intellectual disability.
 - i. Intellectual Developmental Disorder – must have an IQ of 75 or below and impairments in adaptive behavior in the 3 domains of conceptual, social, and practical skills.
 - ii. Cerebral palsy without cystic fibrosis (G80.9)
 - iii. Epilepsy (G40.909) – severe, long-term, and lifelong need for help in performing activities of daily living
 - iv. Autism–low functioning (F84.0), long-term, and lifelong need for help in performing activities of daily living
4. Member does NOT have Hepatitis C AND/OR Multiple Sclerosis AND/OR Cystic Fibrosis

Medications provided as part of a per diem by a nursing facility and therefore are non-coverable by a global PA. The products are listed on 10 CCR 2505-10 including:

Artificial tears, aspirin, acetaminophen, ibuprofen, and other non-prescription analgesics; cough and cold supplies including cold tablets, decongestants, cough syrup/tablets; douches, evacuant suppositories, laxative stool softeners, enemas; first aid supplies such as alcohol, hydrogen peroxide, merthiolate and other antiseptics/germicides, betadine, phisohex, chlorhexidine gluconate, povidone/iodine solution and wash, Epsom salt; lubricants rubbing compounds and ointments such as petroleum jelly, bag balm, other body lotions for treatment of dry skin or skin breakdowns, bacitracin ointment and other ointments used in treatment of wounds; vitamins (multi and single) and mineral supplements.

Signature of Prescriber _____ Date: _____

By signature, the Prescriber confirms the criteria information above is accurate and verifiable in patient records and will prescribe preferred agents whenever clinically appropriate.

Fax to: Colorado Medicaid Prior Authorization

Fax: (800) 424-5881 Phone: (800) 424-5725