



COMPOUND PRIOR AUTHORIZATION

RETURN TO: ATTN: EDIT AUTHORIZATION
MO HEALTHNET DIVISION
PO BOX 4900
JEFFERSON CITY, MO 65102-4900

Please print or type. All information must be supplied or the request will not be processed. For questions, call (573) 751-6963. Return this completed form by fax to (573) 636-6470.

Participant Information

Participant Name, Participant MO HealthNet Number, Date of Birth, Choose One: Initial Request, Renewal Request

Requested Compound Information

Table with 3 columns: Ingredient Name, National Drug Code (NDC), Quantity. Multiple rows for listing ingredients.

Diagnosis Information

Diagnosis (Must provide diagnosis consistent with medically accepted use), Date Diagnosis Established, Duration of Need

List all other medications previously tried, including dose, schedule and length of product use

Prescriber Information

Prescriber name and specialty, Prescriber Provider NPI, Prescriber Telephone Number, Prescriber Fax Number, Prescriber Other Contact Information, Name of Pharmacy and Contact Person, Telephone Number of Pharmacy, Fax Number of Pharmacy, Pharmacy NPI, Pharmacy Address, City, State, Zip