Texas Medicaid/CHIP Vendor Drug Program
Texas Prior Authorization Call Center
Fee-For-Service Medicaid Prior Authorization Reconsideration Request Form

Forms submitted prior to a denied prior authorization are not reviewed.

Request date: _____

Patient

Name: _____

Medicaid ID#: _____ Date of birth: _____

Drug

Name of product requested: _____

Strength (mg): _____ Quantity: _____

Length of therapy on prescription (months): _____ Frequency of dosing: _____

Diagnosis:

_____

_____

_____

Are you providing any supporting documentation as part of this reconsideration? ☐ **Yes** ☐ **No**

Physician

Name: _____ **License #**: _____

Address: _____ **NPI**: _____

_____ **Phone**: _____

City: _____ **State**: _____ **Fax**: _____

By signature, the prescribing physician confirms the information provided is accurate.

Signature: _____ **Date**: _____

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About

If a request for prior authorization is denied after going through the Texas Prior Authorization Call Center then the prescribing physician has the right to request reconsideration of the decision rendered. The call center representative will provide the physician with the steps to request reconsideration of a prior authorization decision. The **Prior Authorization Reconsideration Request Form** is required to initiate the request and provides a brief description of the steps for reconsideration.

Criteria

The prescribing physician may only request reconsideration only if the Texas Prior Authorization Call Center has denied a previous authorization request. Supporting documentation that can be provided in addition to his form may include:

- Medication documentation, such as the client's medical records or lab results that support the medical reason for the treatment.
- If applicable, peer-reviewed literature supporting the safety, efficacy, and rationale for using the medication outside the current Texas Medicaid criteria.

Initial authorization requests are not accepted via this form.

Instructions

For clients enrolled in Fee-For-Service Medicaid only. Requests must be signed and submitted by the prescribing physician. Return the form:

By fax:

1-866-617-8864
Texas Prior Authorization Call Center
Monday to Friday, 7:30 a.m. to 6:30 p.m. (central time)

Response

The request will be evaluated by a healthcare professional and the prescribing physician will be notified, in writing, of the prior authorization decision within five (5) business days. Determinations of the request will be mailed to both the requesting physician and patient.

Medicaid Managed Care Notice

Please verify whether your patient is in Fee-For-Service Medicaid or enrolled in a Medicaid Managed Care health plan. Pharmacy prior authorization processes and call centers may vary by health plan. Medicaid Managed Care reference information is available at TxVendorDrug.com.