



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Angiotensin Modulators - Combinations

Phone: 866-841-7659

Fax back to: 866-240-3712

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Member Name:		Prescriber Name:	
Member ID Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Member Phone Number:	NPI:	PA PROMISe ID:	
Address:	Address:		
City, State ZIP:	City, State ZIP:		
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):		
Drug Name:	Strength:		
Quantity:	Refills:		
Directions:			
Diagnosis Code:	Diagnosis:		

Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a request for a preferred angiotensin modulator combination drug (e.g., amlodipine/benazepril, amlodipine/valsartan, amlodipine/valsartan/hydrochlorothiazide)?

Yes

No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred angiotensin modulator combination drugs (e.g., amlodipine/benazepril, amlodipine/valsartan, amlodipine/valsartan/hydrochlorothiazide)?

Yes

No

Q3. Is this a request for an angiotensin modulator combination drug when there is a record of a recent paid claim for a calcium channel blocker, angiotensin-converting enzyme (ACE) inhibitor, angiotensin receptor blocker (ARB), or another angiotensin modulator combination (i.e., potential therapeutic duplication)?

Yes

No

Q4. Is the patient being titrated to, or tapered from, a drug in the same class?

Yes

No



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Q5. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?

Yes

No

Q6. Additional Information:

Yes

No

Prescriber Signature

Date

v2026-06