



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Bladder Relaxant Preparations

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:		
<i>Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..</i>			

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 bladder relaxant preparation?

Yes

No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred bladder relaxant preparations (e.g. Myrbetriq ER tablet, oxybutynin syrup, oxybutynin tablet, oxybutynin ER tablet, Oxytrol for Women Patch (otc), solifenacin tablet, tolterodine tablet, tolterodine ER capsule, trospium tablet)?

Yes

No

Q3. Is this a request for a urinary antispasmodic bladder relaxant preparation when there is a record of a recent paid claim for another urinary antispasmodic bladder relaxant preparation in the COS (Client Online Services) system drug in the same therapeutic class (i.e., potential therapeutic duplication)?

Yes

No

Q4. Is this a request for a urinary beta-3 agonist bladder relaxant preparation when there is a record of a recent paid claim for another urinary beta-3 agonist bladder relaxant preparation in the COS (Client Online Services) system (i.e. therapeutic duplication)?

Yes

No

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Q5. Is the patient being titrated to, or tapered from a urinary antispasmodic bladder relaxant preparation to another urinary antispasmodic bladder relaxant preparation?

Yes No

Q6. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?

Yes No

Q7. Additional Information:

Q8. ANSWER ME: Is the request: *

Brand Generic

Prescriber Signature

Date

v2026-06