



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Therapeutic Duplication

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. For therapeutic duplication, please select all that apply. Must have ONE of the following:

- The patient is being titrated to or tapered from a drug in the same class.
- The patient is being transitioned to another agent with the same duration of action (i.e., short-acting or long-acting) with the intent of discontinuing one of the medications.
- The patient is being transitioned to another agent with the same mechanism of action with the intent of discontinuing one of the medications.
- The patient is being transitioned to or from another drug within the same PDL category with the intent of discontinuing one of the medications.
- For patients with 2 or more paid claims for any benzodiazepine, the patient meets both of the following: A) The multiple prescriptions are consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines; AND B) The multiple prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s).
- There is a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines.

Q2. Additional Information:



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Member Name:	Prescriber Name:
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Prescriber Signature

Date

v2026-06