



Iowa Department of Human Services
REQUEST FOR PRIOR AUTHORIZATION
VITAMINS & MINERALS
This form is used for both preferred and non-preferred agents.
(PLEASE PRINT - ACCURACY IS IMPORTANT)

FAX Completed Form To
1 (877) 733-3195
IOWA Provider Services
1 (844) 236-1464

IA Medicaid Member ID #: _____	Patient Name: _____	DOB: _____
Patient Address: _____		
Provider NPI: _____	Prescriber Name: _____	Phone: _____
Prescriber Address: _____		Fax: _____
Pharmacy Name: _____	Address: _____	Phone: _____
Prescriber must fill all information above. It must be legible, correct and complete or form will be returned.		
Pharmacy		
NPI: _____	Pharmacy Fax: _____	NDC : _____

Payment for vitamins, minerals and multiple vitamins for treatment of specific conditions will be approved when there is a diagnosis of specific vitamin or mineral deficiency disease or for patients aged 20 or under if there is a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease. (Prior approval is not required for prescribed multi-vitamins with or without iron or vitamin D supplements for patients under 12 months of age or a prescription product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.)

Drug Name: _____ **Strength:** _____

Dosage Instructions: _____ **Quantity:** _____ **Days Supply:** _____

Diagnosis: _____

Other medical conditions to consider: _____

Attach lab results and other documentation as necessary (Required).

Prescriber Signature: _____ Date of Submission: _____
*MUST MATCH PRESCRIBER LISTED ABOVE

IMPORTANT NOTE: *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*