



**Johns Hopkins HealthCare
Compound Medication
Prior Authorization Request Form
For USFHP ONLY**

Internal Use Only:

PA#:

Date:

Compounds are subject to review based on ingredients and cost. Refer to the Johns Hopkins Healthcare Pharmacy Operations Coverage of Compounded Prescriptions Policy – Pharm 60 for more information. Complete all requested information and return form with supporting progress notes to Pharmacy Review Fax: 410-424-4037 Form can be downloaded from our website: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/usfhp/forms.html

Member Information			
Name:		Health Plan: <input checked="" type="checkbox"/> USFHP	
DOB:		SEX:	ID#:
Provider Information			
Name:		Phone:	
Office Contact:		Fax:	
Compound Information - Document Ingredients in this compound			
Compound Name (if applicable):			
Ingredient #1:		Ingredient #2:	
Ingredient #3:		Ingredient #4:	
Ingredient #5:		Ingredient #6:	
Diagnosis:			
Route of administration:			
Directions for use:			
Proposed duration of therapy:			
Rationale for use versus commercially available product:			
Previous therapies including commercial products and outcomes (Include progress notes with form submission-failure to attach may result in delay):			
Drug:		Outcome:	
Drug:		Outcome:	
Drug:		Outcome:	
Is there a current national drug shortage of an otherwise commercially-available product that could be used for this patient?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the prescribed route of administration of the compound match the FDA-approved route of administration of the active ingredient(s) in the compound?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there any other information you would like to provide to support this request?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional information to support request:			
I certify that the clinical information provided on this form is complete and accurate:			
Provider Signature: _____		Date: _____	
For Internal Use Only			
<input type="checkbox"/> Approved:		Duration of Approval:	
<input type="checkbox"/> Denied:		Authorized By:	
<input type="checkbox"/> Incomplete/Other:		Name:	