



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services

MaineCare Services, Pharmacy Unit

442 Civic Center Drive

11 State House Station

Augusta, Maine 04333-0011

Toll Free (866) 796-2463; Fax: (207) 287-8601

TTY Users: Dial 711 (Maine Relay)

Date ____/____/____

Member Name (print): _____

Member ID#: _____

Pharmacy NAPB: _____

Pharmacy NPI: _____

Prescriber Name: _____

Prescriber DEA#: _____

Medication Needing PA: _____

Quantity Requested: _____ Days Supply: _____

Amount Paid: _____

Some medications or quantities of medication require Prior Authorization by the Department. This means additional information is needed from the prescriber. If the medication meets MaineCare criteria, the Department will approve the request. The member will be charged a MaineCare co-payment for the medication.

By signing below, you indicate that you understand the following:

- You have been informed that the medication requires Prior Authorization by the Department
- You have chosen not to request Prior Authorization through the pharmacy or the prescriber
- In order to receive this medication without the Department's Prior Authorization, you will have to pay the usual and customary price of this medication.

Member Signature: _____

Pharmacy Representative Signature: _____

Please fax completed form to Goold Health Systems (GHS) at 430-4646