Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor Ricker Hamilton, Acting Commissioner

Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011
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 Change Healthcare at 430-4646