

Michigan Department of Health and Human Services (MDHHS)
Prior Authorization Request
General PA Form

NAMES OF PREVIOUS MEDICATIONS TRIED FOR THIS CONDITION: PLEASE INCLUDE THE REASONS FOR THERAPEUTIC FAILURE. MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

| Drug Name | Strength | Directions | Dates | Reason for Failure |
|-----------|----------|------------|-------|--------------------|
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PERTINENT LABORATORY TEST(S) OR PROCEDURE(S). MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

| Procedure | Findings | Date |
|-----------|----------|------|
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ADDITIONAL COMMENTS:
