

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

PERTINENT LABORATORY TEST(S) OR PROCEDURE(S). MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

Procedure	Findings	Date

ADDITIONAL COMMENTS: _____

