

Metabolic Supplements (for support of in-born errors of metabolism such as PKU)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Pharmacy NPI: _____ Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY TO 855-828-4992**

CRITERIA:

- **DOCUMENTED** diagnosis of condition resulting in in-born error of metabolism

AUTHORIZATION:

1 year

RE-AUTHORIZATION:

Updated letter of medical necessity

06/13/2012