

TOCOLYTIC PRIOR APPROVAL REQUEST FORM

Fax to Division of Medical Assistance (DMA) at 919-715-9025.

For Prior Approval questions, contact the DMA HIT Program Consultant at 919-855-4380.

Initial Request

Re-authorization Request

Initial Request: Attach **a)** a copy of the perinatologist's order for tocolytic therapy (or perinatology consult if the ordering MD is not a perinatologist); **b)** the MD letter of medical necessity, which includes frequency of contractions, cervical dilatation, and effacement; **c)** plan of care, if available; **d)** copy of current strips; and **e)** documentation of the recipient's home environment adequacy and her ability to self-perform the therapy.

Reauthorization Request: Attach **a)** a clinical update from the MD; **b)** the nurse's notes from the previous approval period; **c)** documentation supporting infusion therapy administration during previous approval period (start/stop dates, dosage, etc.); and **d)** current strips.

Requested Tocolytic Dates of Service _____ Initial Start Date _____ Initial End Date _____
Re-Auth Start Date _____ Re-Auth End Date _____

Recipient Information

Name _____ Date of Birth _____
Address _____ City _____ Zip Code _____
Home Telephone # _____ MID# _____

Caregiver Information

Name _____ Relationship _____
Address _____ Daytime Phone # _____

Physician Information

Name _____ Office Phone # _____
Address _____

Names & Phone Numbers of Other Physicians Ordering Care

Name _____ Office Phone # _____
Name _____ Office Phone # _____

Provider Agency Information

Agency Name _____ Contact Name _____
Address _____ Provider # _____
Phone # _____ Fax # _____

Medical Information

Diagnoses _____
Gestational Age _____ EDC _____ LMP _____

Hospital Admission No Yes Admit Date _____ Discharge Date _____

Name of Hospital for Above Admission _____

Address _____ Phone # _____

Describe treatment and outcome _____

Failed Oral Tocolytic Therapy No Yes Describe treatment, including start and stop dates

Referred By (Name) _____ Title _____
Agency _____ Phone # _____