



NC Medicaid Pharmacy Prior Approval Request Hydroxychloroquine and Chloroquine

Beneficiary Information

| | |
|---------------------------|-------------------------------|
| 1. Beneficiary Last Name: | 2. Beneficiary First Name: |
| 3. Beneficiary ID#: | 4. Beneficiary Date of Birth: |
| 5. Beneficiary Gender: | |

Prescriber Information

| | |
|----------------------------|--|
| 6. Provider NPI#: | 7. Provider Last Name: |
| 8. Requestor Contact Name: | 9. Requestor Contact Phone# and Extension: |

Drug Information

| | |
|---|---|
| 10. Drug Name: | 11. Drug Strength: |
| 12. Quantity per 30 days: | 13. Length of Therapy: <input type="checkbox"/> Up to 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90 |
| <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> other _____ | |

Clinical Information

Request for hydroxychloroquine

Please indicate diagnosis

| | |
|---|---|
| <input type="checkbox"/> Treatment of uncomplicated malaria due to P. falciparum, P. malariae, P. ovale, P. vivax | <input type="checkbox"/> Treatment of Chronic Discoid Lupus Erythematosus or Systemic Lupus Erythematosus in adults |
| <input type="checkbox"/> Prophylaxis of malaria in geographic areas where resistance to chloroquine is not reported | <input type="checkbox"/> Treatment of Rheumatoid Arthritis in adults |

Clinical Information

Request for chloroquine

Please indicate diagnosis

| | |
|--|---|
| <input type="checkbox"/> Treatment of uncomplicated malaria due to susceptible strains of P. falciparum, P. malariae, P. ovale, P. vivax | <input type="checkbox"/> Treatment of extraintestinal amebiasis |
| <input type="checkbox"/> Prophylaxis of malaria in geographic areas where resistance to chloroquine is not reported | |

Signature of Prescriber: _____

Date: _____

**Prescriber Signature mandatory*

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.