Prior Approval Request Form - Listed Drugs

This form is for completion by the Consultant, for those specified drugs that are subject to pre-certification by Vhi Healthcare, prior to the commencement of treatment regime.

Consultant Details	
Consultant Name	
Consultant Code	
Consultant Speciality	

Patient Details	
Patient Name	
Date of Birth	
Policy Number	
Plan Name	

Planned Treatment Details for Prior Approval Request	
Drug Procedure Code(s)	
Drug Name(s)	
Drug Indication Code(s)	
Drug Indication Description(s)	

Rationale for Prior Approval Request (Please attach supporting documentation with request if required)