GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Please note: All information below is required to process this request.
Mon-Fri: 8am to 1am Eastern / Sat: 9am to 6pm Eastern

Georgia Watch Form

Note: All of the following requests for information must be answered completely, correctly, and legibly, otherwise the authorization process **will be delayed.**

Member Information (required)			**Provider Information** (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

What is the patient's diagnosis for the medication being requested? _____

ICD-10 Code(s): _____

Clinical information:

Generic products tried? ❑ **Yes** ❑ **No**

If **Yes**, list the names of the manufacturers of the generic products tried:

1. _____ 2. _____ 3. _____

What was the patient's response to each generic product? (A response description MUST be given)

Product Name	Response
1. *Response description:*	❑ Subtherapeutic Response ❑ Allergy ❑ Side Effect ❑ Other
2. *Response description:*	❑ Subtherapeutic Response ❑ Allergy ❑ Side Effect ❑ Other
3. *Response description:*	❑ Subtherapeutic Response ❑ Allergy ❑ Side Effect ❑ Other

Any additional information pertaining to this drug request should be included and attached to this form.

Physician Signature (required): _____ **Date**:_____

Medical Office Contact: _____ **Signature**: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-866-525-5827.
This form may be used for non-urgent requests and faxed to 1-888-491-9742.