



Please complete ALL information below and fax your request to 1-888-671-5285

General Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

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:
<input type="checkbox"/> Check if generic substitution is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)
What is the patient's diagnosis for the medication being requested (specify all)?

ICD-10 Code(s): _____

Medication history (Please list any previous or current therapy related to the diagnosis, using drug names and dates):		
Drug Name (dose & frequency)	Duration of therapy (include dates)	Currently prescribed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please add any other supporting medical information that may be useful in the decision-making process including contraindications to medications related to the diagnosis:

Quantity Limit Requests:
What is the quantity requested per MONTH? _____
Is there documentation of the inability to reach the requested dose with commercially available dosage forms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation the dose requested is medically necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please specify: _____

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.

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