

Prior Authorization Form

PHYSICIAN FAX FORM



**DO NOT COPY FORMS FOR FUTURE USE – FORMS ARE UPDATED FREQUENTLY
PLEASE SUBMIT ALL RELEVANT CHART NOTES AND LABORATORY RESULTS FOR CONSIDERATION**

Member Information (required)

Member Name: _____
Member/Insurance ID: _____
Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Prescriber Information (required)

Prescriber Name: _____
NPI: _____
Office Phone: _____
Office Fax: _____
Office Address: _____
City: _____ State: _____ Zip: _____

Medication Information (required)

Medication Name: _____ Strength: _____ Dosage Form: _____
Check if request is for **brand** Directions for Use: _____
Check if request is for **continuation of therapy** Qty: _____ DS: _____
Check if request is **urgent** Check to request **priority review**

Clinical Information (required)

What is the patient's diagnosis?: _____ ICD-10 Code(s): _____
Is the request for initial or continuing therapy? **Initial Therapy** **Continuing Therapy**

Initial Therapy

What medication(s) has the patient tried and failed? Please include medication names, dates of therapy (MM/YY), and patient's response to therapy.

Continuing Therapy

Is the patient responding to the current therapy and experiencing benefit (e.g., improvement in symptoms, improvement in QOL, etc.)?

Yes **No**

Date patient started therapy (MM/YY): ____ / ____ / ____

Quantity Limit Requests

What is the quantity requested per DAY? _____

What is the reason for exceeding the plan limitations? **Select all that apply.**

Titration or loading dose purposes (please include specific titration/loading dose schedule and anticipate duration)

Dose-alternating schedule

Requested strength/dose is not commercially available

Other: _____

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Are there other comments or information the prescriber wishes to provide for this review?

Please note: Recent chart notes discussing the patient's diagnosis AND all pertinent lab values or medical tests should be included for review. This request may be denied unless all required information is received.

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