

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)			Prescriber Information (required)		
Member Name:			Prescriber Name:		
Member/Insurance ID:			NPI:		
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			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): _____					
QTY 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.
Please fax completed form and supporting documentation to 1-888-901-2092.