

Prior Authorization Request Form

This form is to be used by prescribers only

This form is being used for:					
Check one: 🛛 Initial Request 🛛 Continuation of Therapy/Renewal Request					
Reason for request (check all that apply): Prior Authorization Formulary Exception Quantity Exception					
Other (please specify):					
Patient Information					
Patient Name:			DOB:	Phone#	•
Drug Allergies :			Height/Weight:		Gender: 🗆 Male 🗆 Female
Address:		City:		State:	Zip:
Member ID #:			Plan Name:		
Requestor's Name & relationship to enrollee (if not patient or prescriber):					
PrescriberInformation					
Prescribing Clinician:			Office Phone#:		
Specialty:			Office Secure Fax #:		
NPI#:			DEA/xDEA:		
Address:		City:		State:	Zip:
Contact Person (if different than pro	ovider):				
Prescriber's or Authorized Representative's Signature: Date:					
Medication Information					
Requested Medication:					
	Quantity:		Directions:		
Diagnosis(es) related to this reque	-				
ICD-10 Code(s):					
If applicable, does the prescriber acknowledge or is aware that The American Geriatrics Society (AGS) considers the requested medication to be of high risk for patients 65 years old or older? \Box Yes \Box No					
Is the patient currently enrolled in HOSPICE? Yes No					
If yes, is the requested medication being used for an indication UNRELATED to the terminal illness(es)/ condition(s)?					
Previous Therapies Tried and/or Failed					
Drug Name	Strength	Dates of Use	Description of Adverse Reaction or Failure		
Additional information related to the exceptions/continuation of current		values, non-pharr	nacologic therapies, c	ontraindications, ris	k vs benefits, explanations for
By checking this box, I attest this is an <i>urgent case</i> , meaning that an expedited (fast) determination is necessary to prevent serious threat					

to life, health or the body's ability to regain maximum function; or is needed to manage severe pain. Information on this form is protected Health Information and subject to all privacy and security regulations under HIPAA