

Fax 1-888-399-0271



**Specialty Pharmacy  
Prior Authorization Form**

<b>Patient Information</b>	Patient Name:		DOB:	
	Address:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
	City/State/Zip:		Phone:	
<b>Insurance Information</b>	CareSource		Secondary Insurance:	
	ID #:	MA #:	ID #:	Group #:
<b>Medication Information</b>	Drug name & strength:		Dosage form:	
	Dosage interval (sig):		Route of administration:	
	Expected length of therapy:		J-code:	NDC:
<b>Statement of Medical Necessity</b>	Primary Diagnosis:		ICD-9 Code:	
	Rational for request / pertinent clinical information:  Please refer to the corresponding medical policy on <a href="http://www.caresource.com">www.caresource.com</a> <b>ATTACH CLINICAL NOTES TO SUPPORT MEDICAL NECESSITY WITH HISTORY AND TREATMENT.</b>			
<b>Medication History for Diagnosis</b>	A. Is member currently treated on this medication?			
	<input type="checkbox"/> YES; How long? _____ <input type="checkbox"/> NO			
	B. Is this request for continuation of a previous approval?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	C. Please indicate previous treatment and outcomes below.			
	Drug Name	Dates of Therapy	Reason for Discontinuation	
<b>Drug Claim to be Submitted by</b>	<input type="checkbox"/> Prescribing Physician		Dispensing Pharmacy:	
	<input type="checkbox"/> Dispensing Pharmacy		Address:	
	<input type="checkbox"/> Other		City/State/Zip:	
			Contact Name:	Phone:
			Tax ID #:	Fax:
<b>Place of Service</b>	<input type="checkbox"/> Physician's Office		<input type="checkbox"/> Member's Home	
		<input type="checkbox"/> Other		
<b>Prescribing Physician</b>	Physician Name:		Prescriber Specialty:	
	Office Contact:		Phone:	Fax:
	Facility:			
	Address:			
	City/State/Zip:			
	License #:		DEA #:	NPI #:
	Physician Signature:			Date:

**Fax completed form with clinical documentation to 1-888-399-0271.  
Questions? Call: OH 1-800-488-0134, MI 1-800-390-7102**

Approved Prior Authorizations are contingent upon the eligibility of member at the time of service and the claim timely filing limits. Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits.