

Urgent  Nonurgent **Specialty Pharmacy Prior Authorization Form**

TO PREVENT DELAY, PLEASE FAX A COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO THE APPROPRIATE NUMBER:

Drug medical benefit (office buys and bills drug): 1-888-399-0271. Drug pharmacy benefit fax: 1-866-930-0019.

<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>	Primary insurance name:		Secondary insurance name:		
	ID #:	Group #:	ID #:	Group #:	
<b>Place of service</b>	<input type="checkbox"/> Physician's office <input type="checkbox"/> Member's home <input type="checkbox"/> Outpatient <input type="checkbox"/> Ambulatory infusion center				
<b>Prescribing physician information</b>	Physician's name:		Prescriber specialty:		
	Office contact:		Phone:	Fax:	
	Facility:				
	Address:				
	City/state/ZIP:				
	License #:		DEA #:	NPI #:	
	Physician signature:			Date:	
<b>Medication information</b>	Drug name and strength:		Dosage form:		
	Dosage interval (sig):		Route of administration:		
	Dates of administration:		J-Code:	NDC:	
<b>Statement of medical necessity</b>	Primary diagnosis:				
	Rationale for request / pertinent clinical information: ATTACH CLINICAL NOTES TO SUPPORT MEDICAL NECESSITY, INCLUDING TREATMENT.				
<b>Medication history for diagnosis (Required field)</b>	A. Is member currently treated with this medication? <input type="checkbox"/> YES If yes, how long? _____ <input type="checkbox"/> NO		B. Is this a request for continuation of a previous approval? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	C. Please indicate previous treatment(s) and outcomes below.				
	Drug name	Dates of therapy	Reason for discontinuation		
<b>Additional needs</b> (list codes and units)	Home nursing	Supplies	Other:		
<b>Drug claim submitted by</b>	<input type="checkbox"/> Prescribing physician (office buy and bill drug – medical benefit)	Dispensing pharmacy:			
		Contact name:	Phone:		
	<input type="checkbox"/> Dispensing pharmacy (pharmacy benefit)	NPI:			
		Tax ID #:	Fax:		
<input type="checkbox"/> CVS Caremark					

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