HAP CareSource™

Specialty Pharmacy Prior Authorization Form

Pharmacy Benefit Fax: 1-866-930-0019

Medical Benefit Fax: 1-888-399-0271

☐ Urgent Date of Administration: _____

PATIENT INFORMATION	Patient Name: Medicaid ID:		DOB:
	Address:		Sex: M ❑ F ❑
	City/State/Zip:	Phone:	
INSURANCE INFORMATION	Primary Insurance Name:	Secondary Insurance Name:	
	ID #: Group #:	ID #: Group #:	
MEDICATION INFORMATION	Drug name & strength:	Dosage form:	
	Dosage (SIG):	Route of administration:	
	Dates of Service: From_____To_____	J-code:	NDC:
STATEMENT OF MEDICAL NECESSITY	Primary ICD-10 code for treatment: Secondary ICD-10 code(s):		
	Rationale for request / pertinent clinical information: Must attach clinical notes and history to support medical necessity. See pharmacy policies on CareSource.com: _____		
MEDICATION HISTORY FOR DIAGNOSIS	A. Is member currently treated on this medication? ❑ YES; How long?_____ ❑ NO	B. Is this request for continuation of a previous approval? ❑ YES ❑ NO	
	C. Please indicate previous treatment and outcomes below.		

Drug Name	Dates of Therapy	Reason for Discontinuation

ADDITIONAL NEEDS (list codes and units)	Home Nursing	Supplies	Other

PERFORMING / SERVICING PROVIDER INFORMATION	**Drug Provided By:** ❑ Prescribing Physician ❑ Accredo Specialty ❑ Facility ❑ Facility Pharmacy ❑ Other	Servicing Provider Name: Servicing Provider Address: City: State: Zip Code: Contact Name: Phone: Fax Number: Tax ID #: NPI#:	Drug Claim to Be Submitted to: ❑ Medical Benefit ❑ Pharmacy Benefit
PLACE OF SERVICE	❑ Physician's Office ❑ Outpatient Hospital ❑ Member's Home ❑ Ambulatory Infusion Center		
PRESCRIBING PHYSICIAN	Physician Name:	Prescriber Specialty:	
	Office Contact:	Phone:	Fax:
	Address:		
	City/State/Zip:		
	DEA #:	TAXID #:	NPI #:
	Physician Signature:		Date:

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.

This facsimile and any attached document are confidential and are intended for the use of individual or entity to which it is addressed. If you have received this in error, please notify us by telephone immediately at <1-833-230-2102>.

<Questions? Call:1-833-230-2102>