

## Pharmacy Benefit Prior Authorization Request Form Pharmacy Fax: 866-930-0019

**Note:** Illegible or incomplete forms will be returned.

MEMBER INFORMA	ΓΙΟΝ	Toda	y's Date _		_		Urgent	■ Non-Urgent	
Member Name								Date	
CareSource Marketplac	ce ID			Date of	Birth (	(DOB)	Sex		
Can obtained mannequal						(= = = )	Male □	Female □	
Medication Allergies				<u> </u>		Height		Weight	
J								kg or lb	
Pharmacy Name	Pharmacy	Pharmacy Phone			Pharmacy NPI Number				
DIAGNOSIS INFORM	ATION								
Please provide releva	Diac	nosis Code	e(s)			Diagnosis I	Description(s)		
code for requested treatment			•	( )			J	1 ( )	
·									
PRESCRIBER INFOR	RMATION								
Prescriber First and La						Prescriber NPI Number			
Prescriber Specialty		Prescriber Address							
Office Fax	Office Phone				Office Contact Name				
MEDICATION REQU	ESTED								
Drug Name and Stren				Do	sage	Form		Quantity	
Directions for Use									
Is the member currer	ntly treated	d on thi	s medication	on? Is	this re	equest	for continu	uation of a previous	
					CareSource approval?				
If yes, start date:		□ Yes □ No							
If yes, date						ate of a	pproval:		
TRIAL REQUIREMEN	NTS: Refer	to Car	eSource.co					requirements. Indicate	
all relevant medication									
Medication Trialed Strength Qty								Reason for	
					(MM/	DD/YY		Discontinuation	
1.									
2.									
3.									
4.									
MEDICAL ILISTIFICA	ATION: Inc	licata ar	av rolovant	toot root	ulta m	odical	history or o	linical recepting you	
<b>MEDICAL JUSTIFICATION:</b> Indicate any relevant test results, medical history or clinical reasoning you would like considered as a part of this review. Please attach documentation to support your response.									
Would like contridered	ao a part	31 tillo 10	311011.11100	oo attaol	1 4000	amonta	uon to cap	oort your rooponoo.	
Provider Signature:						Date	7.		
1 TOVIDEL SIGNALUIE.			Date.						

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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 **1-833-230-2101**.