CareSource

Specialty Pharmacy Prior Authorization Form

Pharmacy Benefit fax: 866-930-0019 ***Medical Benefit Fax: 888-399-0271***

__ Marketplace Urgent ☐ Date of Administration_____

PATIENT INFORMATION	Patient Name:			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 Diagnosis Code:			
	Rational for request / pertinent clinical information: _____ ATTACH CLINICAL NOTES TO SUPPORT MEDICAL NECESSITY WITH HISTORY AND TREATMENT. Please refer to the corresponding medical policy on **www.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	
			Note: Nursing and Supplies will be entered in Medical Benefit	
DRUG CLAIM TO BE SUBMITTED BY	❑ Prescribing Physician ❑ Accredo Specialty ❑ Facility ❑ Other	Dispensing Pharmacy: 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:	
	Facility:			
	Address:			
	City/State/Zip:			
	License #:	DEA #:	NPI #:	
	Physician Signature:		Date:	

Fax completed form with clinical documentation to 866-930-0019 for Pharmacy Benefit Review
OR to 888-399-0271 for Medical Benefit Review. Questions? Call: 1-800-488-0134

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.