



Uniform pharmacy prior authorization request form

Contains confidential patient information

Complete this form in its entirety and send to:

Plan/medical group phone number: 1-800-555-2546

Plan/medical group fax number: 1-877-486-2621

<input type="checkbox"/> Urgent ¹ <input type="checkbox"/> Nonurgent	
Requested drug name:	
Patient information	Prescribing provider information
Patient name:	Prescriber name:
Member number:	Prescriber fax number:
Policy/group number:	Prescriber phone:
Patient date of birth (MM/DD/YYYY):	Prescriber pager:
Patient address:	Prescriber address:
Patient phone:	Prescriber office contact:
Patient mail address:	Prescriber NPI:
Prescription date:	Prescriber DEA:
	Prescriber tax ID:
	Specialty/facility name (if applicable):
	Prescriber email address:
Prior authorization request for drug benefit:	<input type="checkbox"/> New request <input type="checkbox"/> Reauthorization
Patient diagnosis and ICD diagnostic code(s):	
Drugs requested (with J-code, if applicable):	
Strength/route/frequency:	
Unit/volume of named drug(s):	
Start date and length of therapy:	
Location of treatment (e.g., provider office, facility, home health, etc.), including name, Type 2 NPI (if applicable), address and tax ID:	
Clinical criteria for approval, including other pertinent information to support the request, other medications tried, their names, duration and patient response:	
For use in clinical trial? (If yes, provide trial name and registration number):	

Drug name (brand name and scientific name)/strength:		
Dose:	Route:	Frequency:
Quantity:	Number of refills:	
Product will be delivered to:	<input type="checkbox"/> Patient's home	<input type="checkbox"/> Physician office <input type="checkbox"/> Other
Prescriber or authorized signature:		Date:
Dispensing pharmacy name and phone number:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
If denied, provide reason for denial and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:		

1. A request for prior authorization that if determined in the time allowed for nonurgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request.