

**Prior Authorization Request Form** (This form is to be used by prescribers only.)

**This form is being used for:**

Check one:  Initial Request  Continuation of Therapy/Renewal Request

Reason for request (check all that apply):  Prior Authorization  Formulary Exception  Quantity Exception  
 Compound Formulary Exception  Copay Tier Exception

Other (please specify):

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Height/Weight: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Requestor's Name & relationship to enrollee (if not patient or prescriber):

**Prescriber Information**

Prescribing Clinician: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Specialty: \_\_\_\_\_ Office Secure Fax #: \_\_\_\_\_

NPI #: \_\_\_\_\_ DEA/xDEA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person (if different than provider):

Prescriber's or Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Information**

Requested Medication: \_\_\_\_\_

Strength: \_\_\_\_\_ Quantity: \_\_\_\_\_ Directions: \_\_\_\_\_

Diagnosis(es) related to this request: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_

If applicable, does the prescriber acknowledge or is aware that The American Geriatrics Society (AGS) considers the requested medication to be of high risk for patients 65 years old or older?  Yes  No

Is the patient currently enrolled in HOSPICE?  Yes  No

If yes, is the requested medication being used for an indication UNRELATED to the terminal illness(es)/ condition(s)?  Yes  No

**Previous Therapies Tried and/or Failed**

Drug Name	Strength	Dates of Use	Description of Adverse Reaction or Failure

Additional information related to this request (lab values, non-pharmacologic therapies, contraindications, risk vs benefits, explanations for exceptions/continuation of current treatment):

By checking this box, I attest this is an *urgent case*, meaning that an expedited (fast) determination is necessary to prevent serious threat to life, health or the body's ability to regain maximum function; or is needed to manage severe pain.