Specialty Pharmacy Prior Authorization Form

Pharmacy Benefit Fax: 1-866-930-0019 ***Medical Benefit Fax: 1-888-399-0271***

__ Medicaid ☐ 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 considered a Medical Benefit
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#:	TAX ID#:	NPI #:
	Physician Signature:		Date:

Fax completed form with clinical documentation to **1-866-930-0019** for Pharmacy Benefit Review OR to **1-888-399-0271** for Medical Benefit Review. Questions? Call: **1-855-202-1058.** 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.

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DCH Approved: 6/30/2021