Specialty Pharmacy Prior Authorization Form

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

__ Medicaid __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 **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: **1-800-488-0134**

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.