Specialty Pharmacy Prior Authorization Form

Pharmacy Benefit Fax: 1-866-930-0019
Note: Illegible or incomplete forms will be returned.

Medical Benefit Fax: 1-888-399-0271
☐ Urgent ☐ Standard

MEMBER INFORMATION	Member Name:		Date:
	Member ID:		
	Date of Birth (DOB): Height:	Weight: ❑ lb. ❑ kg.	Phone:
COORDINATION OF BENEFITS *(as applicable)*	Primary Insurance Name:	Secondary Insurance Name:	
	ID #: Group #:	ID #: Group #:	
MEDICATION INFORMATION	Drug Name & Strength:	HCPCS Code(s):	
	Directions for Use:	Route of Administration:	
	Dosage Form:	Date(s) of Service Requested: From: _____ To: _____	
DIAGNOSIS FOR TREATMENT	Diagnosis Code(s):	Diagnosis Description(s):	
DOCUMENTATION REQUIREMENT	Prior Authorization requests without medical justification, required test results, etc. will be considered INCOMPLETE. Refer to the corresponding pharmacy policy at CommonGroundHealthcare.org for drug-specific requirements.		
MEDICATION HISTORY FOR DIAGNOSIS	A. Is member currently treated on this medication? ❑ YES; Start Date: ❑ NO	B. Is this request for continuation of a previous CGHC approval? ❑ YES ❑ NO	
	C. Please document previous trials and treatments, including dates 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

SERVICING PROVIDER INFORMATION

Place of Service:	Servicing Provider Name:	Drug claim to be submitted to:
❑ Prescriber's Office ❑ Out-Patient Facility ❑ Ambulatory Infusion Center ❑ Member's Home	Servicing Provider Address:	❑ Medical Benefit ❑ Pharmacy Benefit
	City: State: Zip Code:	
	Contact Name:	
	Phone #: Fax #:	
	CareSource ID #:	
	Tax ID #: NPI #:	

PRESCRIBING PROVIDER INFORMATION

Prescriber Name:		Prescriber Specialty:
Office Contact:	Phone #:	Fax #:
Address:		
City:	State:	Zip Code:
CareSource ID #:	Tax ID #:	NPI #:
Prescriber Signature:		Date:

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.

This facsimile and any attached document are confidential and are intended for the use of individual or entity to which it is addressed. If you have received this in error, please notify us by telephone immediately at 1-877-514-2442.