



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.