



### Medication Prior Authorization Form

Fax back to: 305-408-5883 Phone: 305-408-5792 or 5730

**Member Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O. B: \_\_\_\_\_

ID Number: \_\_\_\_\_  Medicaid  Medicare

**Prescriber Information**

Name: \_\_\_\_\_ NPI \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Medication Requested:** (Please include name, strength, quantity and directions):

\_\_\_\_\_ Estimated duration of therapy: \_\_\_\_\_

**Diagnosis and pertinent clinical information:**

Previous medications tried for this diagnosis and when \_\_\_\_\_

**Outcome of previous treatment and/or reason for intolerance to the formulary medication:**

\_\_\_\_\_

Duration of treatment with previous medication: \_\_\_\_\_

**IF THIS IS A REQUEST FOR REAUTHORIZATION of a previously approved requested, please provide recent clinical documentation**

◆Please complete **all sections** legibly. Authorization decisions are completed within 2 business days of receipt of all requested information unless you indicate this is an urgent request and the request meets urgent criteria

◆PLEASE fax all pertinent clinical documentation and your prescription with this completed form. Any information left blank or illegible may delay the review process.

Walgreens infusion pharmacy is the provider for specialty medications and injectables. For questions or if you would like to speak to the Walgreens pharmacist in Dade or Broward, call 800-683-5252. In Pasco, Polk, Hillsborough, Pinellas, Orange and Osceola counties call 800-396-2933.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**FOR SIMPLY HEALTHCARE PLANS USE ONLY** Approved \_\_\_\_\_ Duration \_\_\_\_\_ Denied \_\_\_\_\_

Pending \_\_\_\_\_ Addtl. Information request on \_\_\_\_\_ at \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Spoke to \_\_\_\_\_



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