



# Nonpreferred Drugs Prior Authorization of Benefits Form

**CONTAINS CONFIDENTIAL PATIENT INFORMATION**

**Complete form in its entirety and fax to:**

Prior Authorization of Benefits Center at **1-844-512-9004** or Provider Help Desk **1-800-454-3730**

### 1. Patient information

### 2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

### 3. Medication

### 4. Strength

### 5. Directions

### 6. Quantity per 30 days

_____	_____	_____	Specify: _____
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**7. Diagnosis:** \_\_\_\_\_

**8. Approval criteria:** Check all boxes that apply.

**Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.**

Product tried: _____	Date tried: _____
Product tried: _____	Date tried: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation of a previous trial and therapy failure with a preferred agent has been provided.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence has been provided that use of these agents would be medically contraindicated.

**9. Physician signature**

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Prescriber or authorized signature	Date
<p><i>Prior authorization of benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.</i></p>	
<p>Note: Payment is subject to member eligibility. Authorization does not guarantee payment.</p>	
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