

Ophthalmic Immunomodulators

Contains confidential patient information

Complete form in its entirety and fax to Prior Authorization of Benefits Center at **1-844-474-3341**.

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
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.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have a diagnosis of dry eye syndrome or keratoconjunctivitis sicca in the last 730 days?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the medication being prescribed by, or in consultation with, an ophthalmologist or optometrist?
<p>For the <i>Texas Medicaid Preferred Drug List</i>, please refer to the Texas Medicaid Vendor Drug Program website at https://www.txvendordrug.com/formulary/prior-authorization/preferred-drugs.</p>		

9. Physician signature

Prescriber or authorized signature

Date

PA 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.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.