

Pri			HORIZATION erapy & Quanti		eption	
 Standard Request Expedited Request 		If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.				
		Demo	ographics			
Patient I	nformation			Prescriber	Information	
Patient Name:			Prescriber Name:			
DOB:		Age:	NPI#:		Specialty:	
Health Plan ID#:		Phone:		Fax:		
Pharmacy Name: Pharm		acy Phone: Office Contac		:	Direct Phone # or Ext:	
		Medicatio	n Information			
Drug Requested:		Strength:				
Quantity Dispensed:		Day Supply:		Generic Brand Necessary		
-	-	ostituted for Brai	nd name drugs un	nless you speci	ifically indicate otherwise.	
 New medication Continuation of therapy 	If this is co indicating	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.				
		Billing	Information			
□ Billed by PHARMACY delivered to the member <i>or</i> provider for administration.		 Billed under MEDICAL bene J CODE: ICD-10 Code: 		_	 Place of Administration: Physician's Office Hospital/Clinic Patient Home 	
		Clinical	Information			
Diagnosis:			Date Diagnosed:			
Н	istory of Me	edications U	sed to Treat A	bove Cond	ition	
No other medications have	ve been used t	o treat this cond	ition			
			Dates of Therapy			
Medication	Strength	Directions	Start	End	Reason for Discontinuing	
Please provide	any addition	al information	which should be	considered in	the space below:	
	-any-addition					

www.medstarprovidernetwork.org/ms_pharm_prior_authorization_forms.html

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