

Pri			HORIZATION erapy & Quanti		eption	
<ul> <li>Standard Request</li> <li>Expedited Request</li> </ul>		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.	
<ul> <li>New medication</li> <li>Continuation of therapy</li> </ul>	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 <b>PHARMACY</b> delivered to the member <i>or</i> provider for administration.		<ul> <li>Billed under MEDICAL bene J CODE: ICD-10 Code:</li> </ul>		_	<ul> <li>Place of Administration:</li> <li>Physician's Office</li> <li>Hospital/Clinic</li> <li>Patient Home</li> </ul>	
		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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