

PRIOR AUTHORIZATION OTHER SPECIALTY MEDICATIONS

* Required Field

Enter Patient Information

Drug Name: *

Review Type: * Expedited Requests should be reserved for cases when you are able to attest that the member's health or life could be in jeopardy if the standard timeframe is applied.

Standard
Expedited

Blue KC ID (Not SS#): *

Patient First Name: *

Patient Middle Initial:

Patient Last Name: *

Date of Birth: *

Patient Group ID: *

ICD-10 Diagnosis Codes: * Diagnosis Codes must be 3-8 characters along with decimals

Has the patient been using samples? Yes
No

Is this a transition of care request as defined by Medicare: * Yes
No

Dose of Drug Being Used: *

Frequency/Directions of Drug being Used: *

Expected Date of Service: *

Length of Time Needed:*

Start Date:*

End Date:*

* Required Field

Enter Provider Information

Requesting Physician/ Provider Name: *

Requesting Physician/ Provider NPI: *

Requesting Physician's Address: *

Requesting Physician's City:*

Requesting Physician's State: *

Requesting Physician's Zip: *

Requesting Physician's Phone Number:

Requesting Physician's Fax Number: *

Servicing Physician/ Provider Name: *

Servicing Physician/ Provider NPI: *

Servicing Physician's Address: *

Servicing Physician's City: *

Servicing Physician's State: *

Servicing Physician's Zip: *

Servicing Physician's Phone Number: *

Servicing Physician's Fax Number: *

Contact First Name: *

Contact Last Name: *

Contact Email Address: *

Contact Phone Number: *

Contact Phone Ext:

Contact Fax Number: *

Drug Name and J-Code: *

Weight (Kg): *

Previous medications tried and failed with dates: *

Physician Specialty:*

If service is not in your office, please list Infusion site or Facility/List ordering physician.:

All Specialty medications must be provided by one of the following: *

Buy and Bill

Other:

If you have any additional information pertinent to this patient's therapy, please specify. Please attach any additional information to support the use of medications (Ex: Treatment plan, clinical documentation, lab results, etc.).