

<generic name> (<Brand name>[®])
 Prior Authorization Form



Complete Patient and Physician information (PLEASE PRINT)

STEP 1

Patient name: _____ Physician Name: _____
 Address: _____ Address: _____
 Member ID: _____ Phone #: _____
 Member DOB: _____ Fax #: _____

If Applicable: Pharmacy Name: _____
 Pharmacy Phone: _____

Complete the Clinical Assessment:

STEP 2

Diagnosis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Other (please state): _____
Clinical Consideration	<input type="checkbox"/> <input type="checkbox"/>	
Physician Specialty	<input type="checkbox"/>	<input type="checkbox"/> Other (please state): _____
Supporting Documentation	Diagnosis: ICD-9 Code #/ Description (required): _____	
	Please attach a copy of the prescription or provide ALL of the information below: <generic> (<Brand> [®])	
	Strength _____ Sig _____ Qty _____ Refills _____	
	Please attach all relevant medical records and test results. Incomplete forms will not be processed.	

I certify that the above is correct and accurate to the best of my knowledge (please sign and date).

STEP 3

Prescriber Signature _____ Date _____

STEP 4 **Fax completed form to: 970-248-5034**

Internal Use ONLY				
Pharmacy Research Technician	Authorization Status: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Deferred			Technician _____ Date _____
Date request received	Rx Rider	Bcat	LOB	Comments: _____
Clinical Pharmacist	Authorization Status: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Pharmacist _____ Date _____
Comments: _____				
Medical Director	Authorization Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Medical Director _____ Date _____
Comments: _____				

Confidentiality Notice:

This facsimile transmission (and/or documents accompanying it) may contain confidential information. This information is intended only for the use of the individual(s) named above. If you have received this transmission in error, or cannot identify the recipient for distribution purposes, please notify us immediately at 970-244-7760. 1/4/06