

# Specialty Medication Pre-Authorization Request

## Patient Information

Full Name

Date of Birth

Phone

Member ID

## Prescriber Information

Prescriber Name

NPI

Phone

Fax

## Medication Requested

Name

Strength

Directions

Quantity

Duration (days)

## Diagnosis & Clinical Information

Diagnosis/ICD-10 Code

Relevant Clinical Information

Previous Therapies

List Previous Medications / Therapies Tried

Additional Notes