



SPECIALTY MEDICATION PRIOR AUTHORIZATION FORM

Complete this form and send information to
US Script, PBM for Louisiana Healthcare Connections
Fax to **1-855-678-6976**

For questions, please call **1-888-929-3790**

Ship to: Patient Other **OR** Dispense from Office, Hospital, or Outpatient Center Stock

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: _____	Prescriber Name: _____
Address: _____	Specialty: _____
City, St Zip: _____	NPI#: _____
Home Phone: _____	Group or Hospital: _____
Alternate Phone: _____	Address: _____
Date of Birth: _____	City, St Zip: _____
Gender: _____	Phone: _____
OTHER SHIPPING LOCATION INFORMATION	Fax: _____
Name: _____	Contact Name: _____
Address: _____	Name of Location Medication to be Supplied from*:
City, St Zip: _____	_____
Phone: _____	Phone: _____ Fax: _____
Fax: _____	Contact Name: _____
Contact Name: _____	*If no location is identified, will be supplied by AcariaHealth

INSURANCE INFORMATION

Primary Insurance: _____ ID#: _____ Phone#: _____
 Secondary Insurance: _____ ID#: _____ Phone#: _____

STATEMENT OF MEDICAL NECESSITY

Diagnosis (please include ICD9 and description):

Date of Diagnosis: _____ Please include any diagnostic clinicals such as labs, radiology, exams, etc to support diagnosis
 For Chemotherapy Medication Requests, please include **Chemotherapy Regimen and Anticipated Dates of Service Requested**

Is member currently treated with this medication(s)? No ___ Yes ___ How long: _____

Is this request a continuation of a previous approval by LHC? No ___ Yes ___

Has the strength, dosage or quantity required per day: Increased _____ Decreased _____ Same _____

MEDICATION(S) REQUESTED

Medication Name	Strength/Dose	Directions	QTY	Refills	Therapy Start Date

Prescriber's Signature

Date

CONFIDENTIALITY NOTICE: This facsimile transmission was intended solely for the individual to whom it is addressed. The information contained in this transmission is protected by the Personal Privacy Protection Law or is otherwise privileged. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery to the intended recipient, please be advised that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately to arrange for the return or other disposition of the transmission.