

Drug Prior Authorization FAX Form

Complete this form and fax to:

☐ Pharmacy (Self-admin)
Fax: 1-800-956-2397
Phone: 1-800-499-1275

If you are not **buying and billing** this medication, indicate which specialty pharmacy will be used:

☐ Accredo Health
Fax: 1-888-773-7386
Phone: 1-866-413-4137
(* Note: some Rare Disease drugs may be limited distribution)

Complete ALL the following Patient/Prescriber Information: (Please Print)

Patient Information						
Patient Name:			Patient Phone #: ()			
Patient ID #			Patient Birthdate:			
List Patient Allergy (If Any)						
Prescriber Information						
Prescriber Name:			Prescriber Specialty:			
Prescriber Address:						
Prescriber Phone #:			Prescriber Fax #:			
Prescriber NPI #:			Office Contact:		Extension:	
Location of Infusion: <input type="checkbox"/> Prescriber office <input type="checkbox"/> Home/Homecare agency: _____ <input type="checkbox"/> Outpatient facility <input type="checkbox"/> Other: _____						
Servicing Prescriber NPI (if different from the ordering prescriber):						
Provide address for medication shipping:						
Complete the following for the product being requested:						
<input type="checkbox"/> Actimmune	<input type="checkbox"/> Arcalyst	<input type="checkbox"/> Bylvay	<input type="checkbox"/> Camzyos	<input type="checkbox"/> Crenessity	<input type="checkbox"/> Cuprimine	<input type="checkbox"/> Cuvrior
<input type="checkbox"/> Daybue	<input type="checkbox"/> Empaveli	<input type="checkbox"/> Enspryng	<input type="checkbox"/> Fabhalta	<input type="checkbox"/> Filspari	<input type="checkbox"/> Filsuvez	<input type="checkbox"/> Firdapse
<input type="checkbox"/> generic penicillamine capsules	<input type="checkbox"/> generic tiopronin	<input type="checkbox"/> generic trientine capsules		<input type="checkbox"/> Hyftor 0.2% gel	<input type="checkbox"/> Imcivree	
<input type="checkbox"/> Increlex	<input type="checkbox"/> Isturisa	<input type="checkbox"/> Joenja	<input type="checkbox"/> Juxtapid	<input type="checkbox"/> Keveyis	<input type="checkbox"/> Livmarli	<input type="checkbox"/> Myalept
<input type="checkbox"/> Mycapssa	<input type="checkbox"/> Ormalvi	<input type="checkbox"/> Procysbi	<input type="checkbox"/> Pyrukynd	<input type="checkbox"/> Recombinant	<input type="checkbox"/> Recorlev	<input type="checkbox"/> rh-IGF-1
<input type="checkbox"/> Revcovi	<input type="checkbox"/> Ryplazim	<input type="checkbox"/> Signifor SC	<input type="checkbox"/> Skyclarys	<input type="checkbox"/> Sohonos	<input type="checkbox"/> Somavert	<input type="checkbox"/> Syprine
<input type="checkbox"/> Tarpeyo	<input type="checkbox"/> Tavneos	<input type="checkbox"/> Thiola	<input type="checkbox"/> Thiola EC	<input type="checkbox"/> Tryngolza	<input type="checkbox"/> Venxxiva	<input type="checkbox"/> Vioice
<input type="checkbox"/> Voxzogo	<input type="checkbox"/> Voydeya	<input type="checkbox"/> Xolremdi	<input type="checkbox"/> Yorvipath	<input type="checkbox"/> Zilbrysq	<input type="checkbox"/> Zokinvy	<input type="checkbox"/> Ztalmu
Medication/Medical and Dispensing Information						
Medication (HCP/PCS)	Dose	Frequency		Height	Weight (lbs./kg)	Procedure Code
Diagnosis/ICD-10:						
Is this request for a: <input type="checkbox"/> New Start OR <input type="checkbox"/> Continuation of Therapy (Recertification) Start date: _____						
Questions/Indications for Medical Necessity						
See the Rare Diseases Clinical Review Prior Authorization Policy (Pharmacy-98) for full Prior Authorization criteria						
1. Include/attach recent progress notes with ALL requests, including test results confirming diagnosis.						
2. Indicate ALL previous medications used to treat this diagnosis with dates of use and outcomes:						
a. Drug name: _____ Date of use: _____ Outcome: _____						
b. Drug name: _____ Date of use: _____ Outcome: _____						
c. Drug name: _____ Date of use: _____ Outcome: _____						

****ATTACH CLINICAL NOTES RELATED TO THIS REQUEST. IF DOCUMENTATION IS NOT PROVIDED, IT MAY DELAY THE REQUEST.****

Prescriber Signature: _____ Date: _____

I certify the above is true and accurate to the best of my knowledge.