



SPECIALTY MEDICATION PRIOR AUTHORIZATION FORM

Complete this form and send information to
Peach State Health Plan, Pharmacy Department
fax at **1-866-374-1579**
For questions, please call **800-514-0083 option 2**

Caremark Ship to: Patient Office Other: _____ **OR** Office Stock Use

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: _____ Address: _____ City, St Zip: _____ Home Phone: _____ Alternate Phone: _____ Date of Birth: _____ Gender: _____	Prescriber Name: _____ NPI#: _____ Group or Hospital: _____ Address: _____ City, St Zip: _____ Phone: _____ Fax: _____ Contact Name: _____

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.	Additional Clinical Information: <ul style="list-style-type: none"> • Weight: _____ kg/lbs • Height: _____ in/cm • Lab Data (Please include copies of reports): _____ _____ • Other Medications: _____ _____ • Additional Comments: _____ _____
---	---

Is member currently treated with this medication(s)? No ___ Yes ___ How long: _____
 Is this request a continuation of a previous approval by Peach State? No ___ Yes ___
 Has the strength, dosage or quantity required per day: Increased ___ Decreased ___ Same ___

Medication(s) Requested				Therapy Start Date: _____	
Rx	Medication Name	Strength/Dose	Directions	Quantity	Refills

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.