

Medical Benefit Outpatient Drug Authorization Form

Drugs administered by a health care professional in an outpatient setting are covered under the Medical Benefit. Information on drugs requiring prior authorization can be found on NaviNet.net.

Please fax completed form to (570) 214-0221. Written documentation from the medical record, supporting the request must be submitted for all requests. Questions? call 1-800-544-3907.

Patient Information					
Patient name:			DOB:	Male:	Female:
Member ID #:		Medical record #:		Member phone #:	
Address:			Drug allergies:		Height:
					Weight:
City:	State:	Zip:	BSA:		
Ordering Provider Information					
Ordering provider name:			Ordering provider NPI #:		
Ordering provider address:			Person submitting request		Office contact
			Name:		Name:
City:	State:	Zip:	Phone:	Phone:	
Servicing Provider/Facility Information					
Who is administering the drug?					
<input type="checkbox"/> Ordering Provider <input type="checkbox"/> Servicing Provider/Facility <input type="checkbox"/> Home Health Agency – if yes, name of agency:					
Please select one:					
<input type="checkbox"/> Medication will be administered from provider stock and billed by provider (buy & bill) If buy & bill, who will be billing for the drug? Ordering Provider Servicing Provider Facility					
<input type="checkbox"/> Medication will be dispensed by a specialty pharmacy and billed by the pharmacy					
Servicing provider		Facility/location of service		Specialty vendor (if applicable)	
Provider name:		Facility/location name:		Specialty pharmacy name:	
Address:		Address:		Address:	
Phone:		Phone:		Phone:	
Fax:		Fax:		Fax:	
Office contact:		Facility contact:		Pharmacy contact:	
Diagnosis Information					
Diagnosis/ICD-10 code(s):			Diagnosis description:		
Medication Information					
Medication name:		Dose:	Route:	Frequency:	
Expected length of therapy:		Quantity/number of requested visits:		Anticipated/actual date of service:	
New Medication			Continuation of therapy – date therapy initially started:		
HCPCS/CPT code/J code/NDC code of requested drug:			Associated procedure codes requiring prior auth:		
Request for Expedited Review					
When a request needs to be reviewed in an expedited manner because the standard review time frame may SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION, note this below by checking URGENT in the space provided, along with the reason the request is urgent. Requests will not be processed as urgent unless a rationale for urgency is provided.					
URGENT – rationale:					