Medical Benefit Outpatient Drug Authorization Form

Drugs administered by healthcare professionals in an outpatient setting are covered under the Medical Benefit. Information on drugs requiring prior authorization can be found on NaviNet.net or the *For Providers* section of the Geisinger Health Plan website.

Fax completed form to 570-214-0221. Written documentation from the medical record, supporting the request must be submitted for all requests.
Questions? Call 800-498-9731.

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:	
City: State: Zip:	

Person submitting request	Office contact
Name:	Name:
Phone:	Phone:
Fax:	Fax:

Servicing Provider/Facility Information

Who is administering the drug?

Ordering Provider

Servicing Provider/Facility

Home Health Agency – if yes, name of agency:

Please select one:

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

Is the billing provider participating with GHP? Yes No

If No, is this a request for out-of-network services? Yes No

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:
NPI #:	NPI #:	NPI #:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Office contact:	Facility contact:	Pharmacy contact:

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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:

Ordering Provider Signature

Signature: