Prior Authorization Request

Serve You Rx manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician.

Fill out electronically, or print using blue or black ink. If you have questions or need additional forms, visit ServeYouRx.com or call 800-759-3203.

Note: Blank fields or illegible responses may delay the review process. **Fax completed form to:** 800-480-4840 Attn: Authorizations

You may also email to PriorAuthorizations@ServeYouRx.com or mail to:
Serve You Rx, Attn: Authorizations, 10201 West Innovation Drive, Suite 600, Milwaukee, WI 53226

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Member ID #: _____ Group #: _____

Permanent Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone #: _____ ☐ Mobile ☐ Work ☐ Home

Secondary Phone #: _____ ☐ Mobile ☐ Work ☐ Home

PRESCRIBER INFORMATION

Name: _____ Specialty: _____

Address: _____ City: _____ State: _____ ZIP: _____

NPI: _____ State License ID: _____

Office Contact: _____ Fax: _____ Phone: _____

REQUESTED MEDICATION

Drug Name: _____ Strength: _____ Frequency: _____

Directions: _____

Expected Duration of Therapy: _____ If this is a continuation of therapy, provide start date: _____

CLINICAL INFORMATION

Diagnosis: _____ Diagnosis Code (ICD):_____ Diagnosis Date: _____

List all medications the patient has previously tried and failed for treatment of this diagnosis including reason(s) for discontinuation and provide all relevant clinical documentation that supports use of this medication. If a continuation of therapy, provide documentation of clinical improvement or significant clinical response.

☐ **Pertinent medical history or information for this patient is attached that may support approval**

☐ **Urgent review requested**

SIGNATURE

Prescriber's Signature: _____ Today's Date (month/day/year): _____

Certain prescription benefit plans or situations may require additional information or clarification to evaluate a prior authorization request. For complete details about benefits, limitations, conditions and exclusions, please refer to the applicable plan.