

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](https://www.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, 215 North Water Street, Suite 500, Milwaukee, WI 53202

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____
Date of Birth: _____ Member ID #: _____ Group #: _____
Permanent Address: _____ City: _____ State: _____ ZIP: _____
Primary Phone #: _____ Secondary Phone #: _____
 Mobile Work Home 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.

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