

Prior Authorization Request Form

Fax Completed Form to 1-866-678-8301

The Prior Authorization Drug list and the standards associated with the approval process are located at the following website: <https://www.withmehealth.com/provider>

This form is being used for:			
Check one: <input type="checkbox"/> Initial Request <input type="checkbox"/> Continuation of Therapy/Renewal Request			
Reason for request (<i>check all that apply</i>): <input type="checkbox"/> Prior Authorization <input type="checkbox"/> Formulary Exception <input type="checkbox"/> Quantity Exception			
<input type="checkbox"/> Compound Formulary Exception <input type="checkbox"/> Copay Tier Exception			
<input type="checkbox"/> Other (<i>please specify</i>): _____			
Patient Information			
Patient Name:		DOB:	Phone#:
Drug Allergies :		Height/Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:	State: Zip:
Member ID #:	Plan Name:		
Requestor's Name & relationship to enrollee (if not patient or prescriber):			
Prescriber Information			
Prescribing Clinician:		Office Phone #:	
Specialty:		Office Secure Fax #:	
NPI #:		DEA/xDEA:	
Address:		City:	State: Zip:
Contact Person (if different than provider):			
Prescriber's or Authorized Representative's Signature:			Date:
Medication Information			
Requested Medication:			
Strength:	Quantity:	Directions:	
Diagnosis(es) related to this request:			
ICD-10 Code(s):			
If applicable, does the prescriber acknowledge or is aware that The American Geriatrics Society (AGS) considers the requested medication to be of high risk for patients 65 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the patient currently enrolled in HOSPICE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the requested medication being used for an indication UNRELATED to the terminal illness(es)/ condition(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Therapies Tried and/or Failed			
Drug Name	Strength	Dates of Use	Description of Adverse Reaction or Failure
Additional information related to this request (lab values, non-pharmacologic therapies, contraindications, risk vs benefits, explanations for exceptions/continuation of current treatment):			
<input type="checkbox"/> By checking this box, I attest this is an <i>urgent case</i> , meaning that an expedited (fast) determination is necessary to prevent serious threat to life, health or the body's ability to regain maximum function; or is needed to manage severe pain.			