Prior Authorization Form

SmithRx

Please check that all fields are completed and that chart notes and all other necessary clinical information is attached. To submit, please fax to (866) 642-5620. **PLEASE NOTE:** Chart notes are required for review. Lack of chart notes and complete information will result in denial.

☐ NON-URGENT ☐ URGENT	CLINICAL REASON FOR URGENCY:

Prescriber Information

PRESCRIBER NAME	PHONE NUMBER (XXX) XXX-XXXX
PRESCRIBER SPECIALTY	FAX NUMBER (HIPAA COMPLIANT)
NPI NUMBER	OFFICE CONTACT

Patient Information

PATIENT NAME	DATE OF BIRTH MM/DD/YYYY)		
ID NUMBER	SEX	HEIGHT	WEIGHT
ALLERGIES			

Prescription/Medication Request

DRUG REQUESTED (INCLUDE STRENGTH & FORMULATION)	
FULL DIRECTIONS FOR USE (INCLUDE DOSING INSTRUCTIONS & LIMITS, FREQUENCY/SCHEDULE OF ADMINISTRATION):	
QUANTITY PER FILL	EXPECTED LENGTH OF THERAPY
DIAGNOSIS	ICD 10

Type of Therapy

☐ NEW THERAPY ☐ CONTINUATION OF THERAPY	DATE STARTED:
HAS THE MEMBER BEEN MAINTAINED ON THIS MEDICATION SINCE THE DATE ABOVE?	☐ YES ☐ NO

Medication History (For this Condition)

For any medications tried and failed, provide ALL of the following details for EACH medication. *Incomplete documentation may result in denial due to lack of required information.*

- Medication product and dose(s) used
- Start date - End date of prescriber-verified use (or start date - current if still using)
- Reason for failure (including details explaining why the medication is considered failed therapy)
    - If failed due to intolerance, provide details & description of intolerance.

Medication Tried Medication product & Dose(s) used	**Date & Duration of Trial** Start Date - End Date	**Reason for Failure or Intolerance** Details & Description

Documentation: Use of Preferred Medications

For any preferred medication therapies that are not possible to use, provide documentation to explain why each medication would be contraindicated or not clinically possible to use for the member

PRESCRIBER SIGNATURE	DATE

Additional Documentation Required

Provide and include the following with this form for submission:

- Any information/documentation that does not fit in the fields provided on the form
- Chart/office visit notes for this diagnosis, including the most recent assessment and treatment plan
- Relevant lab values
- Information & results from previous tests and procedures attempted
- Any other relevant test results and clinical assessment & evaluation

***Incomplete information or documentation may result in delay or denial due to lack of required information.**