



# REQUEST FOR PRIOR AUTHORIZATION

Prescribing Physician:		Patient:	
Name (First, Last)		Name (First, Last)	
Direct Phone #		ID #	
Fax #		Phone #	Client
Physician specialty		Birth Date __/__/____	Sex <input type="checkbox"/> M <input type="checkbox"/> F

Name and title of person completing form (please print)			
Drug name:	Strength:	Length of Therapy:	Quantity Requested:
Has patient been on this drug and, if yes, for how long at this dosage?			
Patient's diagnosis requiring the use of this medication:			
1. Previous history of a medical condition, allergies or other pertinent medical information that necessitates the use of this medication:			
2. Has the patient been seen by any other provider for this condition? If so, what was the prescriber's specialty?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Previous non-prior authorized and prior authorized medications tried and failed for this condition:			
Name of medication	Reason for failure	Date	
		__/__/____	
		__/__/____	
		__/__/____	
4. Pertinent laboratory test or procedure: (if applicable)			
Procedure:	Findings:	Date:	
		__/__/____	
		__/__/____	
		__/__/____	
5. Other Information:			

Physician's Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

**Office visit chart notes are required for the review**

For ScriptGuideRX use only)

**Fax Request to: SGRX @ 313-264-0985**

Date faxed:	__/__/____
Date received:	__/__/____
Date completed:	__/__/____

Decision (all authorizations are pending valid eligibility)
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**Date:**

**Attention:**

**Fax:**

**Re:**

**DOB:**

**Medication:**

We have received a prior authorization request for the above patient. However, we require more information to complete the review.

***The following documents are required for the review:***

1. Completed prior authorization request form
2. Office visit chart notes pertaining to the use of the medication requested
3. Labs or tests results pertaining to the diagnosis

**Please fax documents to: 313-264-0985**

If you have any questions feel free to contact us @ 1-855-855-7479

Sincerely,

The Prior Authorization Desk  
SGRX