

			JPPRESSANTS s D Determination			
 Standard Request (72 hours) Expedited Request (24 hours) If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received. 						
Demographics						
Patient Info		Prescriber Information				
Patient Name:		Prescriber Name:				
DOB:		9:	NPI#:		Specialty:	
Health Plan ID#:		Phone:			Fax:	
Pharmacy Name: Pharm		Phone:	Office Contact:		Direct Phone # or Ext:	
	Λ	Nedicatio	n Information			
Drug Requested:		Strength:		Directions:		
Quantity Dispensed:		Day Supply:			Generic Brand Necessary	
Generic equivalent drug		ted for Bran	nd name drugs unl	less you spec	ifically	indicate otherwise.
 New medication Continuation of therapy 	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.					
Clinical Information						
Diagnosis:				ate Dia	gnosed:	
If the diagnosis is transplant related, was the member's transplant covered under Medicare (member was enrolled in Medicare Part A at the time and transplant performed at Medicare-certified facility)?						
□ Yes □ No						
Please provide any ad	ditional infor	rmation w	hich should b	e conside	red in	the space below:

www.medstarprovidernetwork.org/ms_pharm_prior_authorization_forms.html

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