



# Medication Prior Authorization Form

Fax back to: 1-877-577-9045 Phone: 1-877-577-0115

Email: rxauth@clearhealthalliance.com

## Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O. B: \_\_\_\_\_

ID Number: \_\_\_\_\_

Standard  Expedited\* By checking this box I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Prescriber Information

Name: \_\_\_\_\_ NPI: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Medication Requested: (Please include name, strength, quantity and directions): \_\_\_\_\_

Estimated duration of therapy: \_\_\_\_\_

Diagnosis and pertinent clinical information:

Previous medications tried for this diagnosis and when \_\_\_\_\_

Outcome of previous treatment and/or reason for intolerance to the formulary medication: \_\_\_\_\_

Duration of treatment with previous medication: \_\_\_\_\_

**IF THIS IS A REQUEST FOR REAUTHORIZATION of a previously approved requested, please provide recent clinical documentation**

♦Please complete **all sections** legibly. Authorization decisions are completed within 24 hours of receipt of all requested information unless you indicate this is an urgent request and the request meets urgent criteria

♦PLEASE fax all pertinent clinical documentation and your prescription with this completed form. Any information left blank or illegible may delay the review process.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## FOR CLEAR HEALTH PLAN USE ONLY

Approved \_\_\_\_\_ Duration \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_  
Addtl. Information request on \_\_\_\_\_ at \_\_\_\_\_ AM \_\_\_\_\_ PM Spoke to \_\_\_\_\_

This communication, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this fax is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this fax and attachments is prohibited. If you have received this fax in error, please notify the sender by calling the above number and destroy this message and attachments immediately.