



Presbyterian Specialty Drug Prior Authorization Request Form

Please fill out this form completely, if approved this will be the prescription used by the Specialty Pharmacy
If this request is denied the prescriber will be responsible for providing a written prescription to those patients that decide to self pay for the requested medication

Fax form to Presbyterian Pharmacy Services at: 1-505-923-5540 or 1-800-724-6953

For help with this form, call (505) 923-5757 or toll-free 1-888-923-5757 (option3)

PATIENT INFORMATION:

Patient Name (Last)		First:	Initial	DOB: (mm/dd/yyyy)
Patient Address:		City:	State	Zip
Daytime Phone:	Cell Phone:	E-mail Address:		Language:
Member ID Number:		Social Security Number:		Gender: F M
Persons(s) authorized to handle prescription info for patient. If minor, mother's maiden name and first name:				
Guarantee Name: (needed if patient is a child)		Patient's relationship to insurance subscriber: (wife, son, daughter, etc.)		

PRESCRIPTION INFORMATION:

Drug:	Quantity:	J - CODE	NDC#:
Sig:		Total Daily dose:	Refills:
ICD-9 Code:	Diagnosis:		

PRESCRIBER INFORMATION:

Physician Name (please print)		Signature:	Date:
Specialty:	Circle One: MD DO PA NP PhC Other _____	NPI#	
Practitioner / Facility Address (include Suite, Building #, etc.)			
Office Staff Contact Name (please print):		Phone Number (include ext):	Fax Number:

SHIPPING INFORMATION:

Date Needed: _____	SHIP TO: <input type="checkbox"/> Physicians Office OR <input type="checkbox"/> Member Home Address
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INTERNAL INFORMATION:

Approved: <input type="checkbox"/> PA Number:	Line of Service: <input type="checkbox"/> ASO <input type="checkbox"/> COMM <input type="checkbox"/> MCAID <input type="checkbox"/> PIC <input type="checkbox"/> SRCARE	Group Number
Indicate Approval dates: Start Date _____ thru _____	Co-Pay Information:	Pharmacist initial and Date:
<input type="checkbox"/> Bill Medical <input type="checkbox"/> Bill PBM	Comments:	

SPECIALTY CARE PHARMACY INTERNAL USE ONLY:

340B Eligibility: Yes No	MRN#	Point of care:	340B Account: CDS Clovis Espanola Ruidoso Socorro Tucumcari
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PRESBYTERIAN SPECIALTY CARE PHARMACY

Toll Free Phone: 1-855-775-7737

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