



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

SWHP Comm/TPA/ASO/VBHP SIN Specialty Drug PA

Phone: 800-728-7947

Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	Prescriber Name:	
	Supervising Physician:	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please indicate drug requested.
Q2. Please indicate directions for administration.
Q3. Please indicate location of administration.
Q4. Please indicate diagnosis and ICD code.
Q5. Is the patient currently on the requested medication? ☐ Yes ☐ No
Q6. Please indicate reason for request.
Q7. Please indicate other drugs for this condition that the patient has tried/failed.



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Patient Name:	Prescriber Name: Supervising Physician:
Q8. Please indicate drugs that the patient cannot take for this condition and provide rationale for not using.	
Q9. Additional Comments:	

Prescriber Signature

Date

☐ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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