

## PRIOR AUTHORIZATION REQUEST FORM

#### **EOC ID:**

# Odomzo

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.** 

D.C. (No. 1)	Prescriber Name:	
Patient Name:	Supervising Physici	an:
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	e (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 provide ICD code(s) for diagnosis		
Q2. For what diagnosis is this drug being prescribed (pick	<pre>c one)? *</pre>	
☐ Basal cell carcinoma, locally advanced ☐ Other	,	
Q3. If you selected "other" in question 2, please provide of higher recommendation per NCCN compendia or guideling		e is consistent with a category 2A or
Q4. Is prescribing physician a hematology or oncology sp	pecialist?	
☐ Yes ☐ No		
Q5. If locally advanced basal cell carcinoma, has the pati surgery?	ent had a recurrence a	after surgery or is not a candidate for
☐ Yes ☐ No		
Q6. If locally advanced basal cell carcinoma, has the paticandidate for radiation?	ent had a recurrence a	after radiation or is the patient not a



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Patient Name:	Prescriber Name: Supervising Physician:	
☐ Yes ☐ No		
Q7. Additional Comments		
Prescriber Signature	Date	
□ Expedited/Urgent - By checking this box and signing abov seriously jeopardize the life or health of the enrollee or the e	ve, I certify that applying the standard review timeframe may enrollee's ability to regain maximum function	
	essity denial. Requesting providers may speak to the SWHP medical nity to help impact the decision on a request before coverage has been	

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