PRIOR AUTHORIZATION REQUEST FORM

EOC ID:
Quantity Limit Override Form

SERVE YOU Rx

Phone: 800-759-3203 Fax back to: 800-480-4840

Serve You Rx 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:**	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Plan Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty:	

Drug Name and Strength: ☐ Urgent Review Requested

Directions:

Expected Duration of Therapy:

If this is a continuation of therapy, provide start date:

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

Q1. Is the dose requested for titration or loading-dose purposes? ☐ Yes ☐ No
Q2. Is the requested strength/dose commercially available? ☐ Yes ☐ No
Q3. Is the patient on a dose alternating schedule? ☐ Yes ☐ No
Q4. For topical applications, does the patient require a larger quantity to cover a larger surface area? ☐ Yes ☐ No
Q5. Have lower doses been tried for an adequate period of time and have been deemed ineffective? ☐ Yes ☐ No
Q6. Has the patient tried and failed previous therapies at FDA-approved dosing for the condition being treated? ☐ Yes ☐ No
Q7. If yes, please list previous therapies that have been tried and failed:
Q8. Are higher doses supported by published study data or treatment guidelines? (please provide literature citations) ☐ Yes ☐ No
Q9. Additional Comments:

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Patient Name:	**Prescriber Name:**

Prescriber Signature

Date

Certain prescription benefit plans or situations may require additional information or clarification to evaluate a prior authorization request. For complete details about benefits, limitations, conditions and exclusions, please refer to the applicable plan.