

# Utilization Management Authorization Request Form

## High Cost Medication

Complete this entire treatment plan to avoid delays in processing your request  
Fax completed request to: **888-367-7480**

Routine Request       Urgent Request

URGENT / EXPEDITED is defined as: if waiting under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. For Urgent / Expedited requests you may call: **844-865-7864**

Today's date \_\_\_\_\_ Member Name \_\_\_\_\_ Member ID \_\_\_\_\_

**MEDICATION REQUESTED**

| J CODE (If Applicable) | Medication Name |
|------------------------|-----------------|
|                        |                 |
|                        |                 |
|                        |                 |

| Dose | Route | Frequency |
|------|-------|-----------|
|      |       |           |
|      |       |           |
|      |       |           |

**DIAGNOSIS**

| ICD10 | Description |
|-------|-------------|
|       |             |
|       |             |
|       |             |

**CLINICAL INFORMATION (SYMPTOMS, HISTORY AND LABS PERTINENT TO DRUG REQUESTED)**

**CURRENT/PREVIOUS MEDICATIONS FOR ABOVE DIAGNOSIS:**

| Name Of Drug | Dosage | Date Started |
|--------------|--------|--------------|
|              |        |              |
|              |        |              |
|              |        |              |

**PROVIDER INFORMATION**

REQUESTING PROVIDER NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 FACILITY: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_