



Medication Prior Authorization Form

Fax back to: 305-408-5883

Phone: 305-408-5792 or 5730

Member Information

Last Name: _____ First Name: _____ D.O. B: _____

ID Number: _____ ☐ Medicaid ☐ Medicare

Prescriber Information

Name: _____ NPI _____ Specialty: _____

Phone Number: _____ Fax number: _____

Medication Requested: (Please include name, strength, quantity and directions):

_____ Estimated duration of therapy: _____

Diagnosis and pertinent clinical information:

Previous medications tried for this diagnosis and when _____

Outcome of previous treatment and/or reason for intolerance to the formulary medication:

Duration of treatment with previous medication: _____

IF THIS IS A REQUEST FOR REAUTHORIZATION of a previously approved requested, please provide recent clinical documentation

♦Please complete **all sections** legibly. Authorization decisions are completed within 2 business days of receipt of all requested information unless you indicate this is an urgent request and the request meets urgent criteria

♦PLEASE fax all pertinent clinical documentation and your prescription with this completed form. Any information left blank or illegible may delay the review process.

Walgreens infusion pharmacy is the provider for specialty medications and injectables. For questions or if you would like to speak to the Walgreens pharmacist in Dade or Broward, call 800-683-5252. In Pasco, Polk, Hillsborough, Pinellas, Orange and Osceola counties call 800-396-2933.

Physician Signature

Date

FOR SIMPLY HEALTHCARE PLANS USE ONLY Approved _____ Duration _____ Denied _____

Pending _____ Addtl. Information request on _____ at _____ AM _____ PM _____ Spoke to _____