

## **Medication Prior Authorization Request**



Phone: 855-580-1688 Fax: 855-580-1695

## Instructions:

- 1. Only 1 medication per form
- 2. All fields must be completed and legible for review.
- 3. Prior Authorizations cannot be submitted over the phone. To submit *electronically*, go to **meridianrx.com** and select "Submit Prior Authorization."

Date of Request	t:					
Patient Information				Prescriber Information		
Patient Name:				Prescriber Name and Specialty:		
Member ID #:				NPI #:		
Sex: 🗆 Male 🔅 Female				Office Phone:		
Date of Birth:				Office Fax:		
Plan Name:				Contact Person:		
Patient Phone:						
Requestor Information						
Requestor Name:						
Relationship to Member*:				Phone:		
Email Address:						
*If the requester is not the Member or a Prescriber, attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent. We also accept copies of legal documents recognized by the state or other legal documentation showing authority). For more information on appointing a representative, you may contact your plan.						
Diagnosis and Medical Information						
Medication: Stro				ngth & Route of Administration:		
Urgency:	Frequency:	icy:		Expected Length of Therapy:		
Quantity:		Days Supply:		Height & Weight:		
BMI:	MI: Date Calculated:		Blood Pressure:			Date Calculated:
Service Type:  Retail Home Infusion						
Diagnosis Related to Medication Request:				Vacation Fill:		
Drug Allergies:				Early Refill:		
Rationale for Prior Authorization						
History of a medical condition, allergies or other pertinent information requiring the use of this medication:						
Previous use of non-authorized and prior authorized medications tried and failed for this condition:						
Name of Medication and Reason for Failure:						
You must include all necessary clinical documentation, office notes and all related laboratory results to ensure a complete PA review.						
Prescriber's Signature:					Date:	
Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the						

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