MedBen Rx pharmacy solutions

☐ **Urgent Review*** ☐ **Standard Review**

***Urgent Review criteria:** A request involving urgent care is one in which the time periods for making a non-urgent prescription medication determination could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function; or, in the opinion of the physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the prescription treatment that is the subject of this prior authorization.

1975 Tamarack Road
P.O. Box 1099 Newark, Ohio 43058-1099
(800) 686-8425 Fax: 740 522-5002
Email: medben@medben.com

PRESCRIPTION PRIOR AUTHORIZATION REQUEST FORM – PLEASE FAX FORM TO: 740-522-5002

MEMBER/PATIENT INFORMATION (REQUIRED)				
Name:			SSN:	Sex: ☐ Male ☐ Female
Address:			Date of Birth:	
City:	State:	Zip code:	Phone:	
Medication Allergies:	Pharmacy Name:		Pharmacy Phone:	
For Injectables Only Facility Name:			For Injectables Only Facility NPI#:	

PROVIDER INFORMATION (REQUIRED)				
Provider Name:	NPI#:		Specialty:	
Address:			Office contact name:	
City:	State:	Zip code:	Office Phone:	Office Fax:

MEDICATION INFORMATION (REQUIRED)			
Drug Name:	Strength:	Dose:	Directions (Sig):
Duration Days: Months:	Quantity:	Refills:	Diagnosis:

Is the Patient currently treated on this medication? ☐ No ☐ Yes If "Yes", How long_____

CLINICAL INFORMATION (REQUIRED)
What medication(s) has the patient tried and failed?
Are there any supporting labs or test results? *(Please specify)*
Are there any other comments or information the physician feels is important to this review:

Provider Signature:_____Date:_____

By signature, the Prescriber (or agent of the prescriber) confirms that all information provided is accurate.

*****In order for your request to be considered, all sections of this form must be completed. Most reviews will be concluded within 72 hours unless additional information is required or additional clinical review is needed. If we have further questions, office notes may be requested.*****