

# PRIOR AUTHORIZATION REQUEST FORM

EOC ID:  
Compounds



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.**

<b>Patient Name:</b>	<b>Prescriber Name:</b>	
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. Please list all ingredients (name/strength):
Q2. Indicate the final form of the compound (e.g., cream, suppository, suspension):
Q3. Indicate the diagnosis for use:
Q4. Indicate the duration of therapy:
Q5. Are products to treat the patient's condition commercially available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q6. Does the patient have a history of failure, contraindication, or intolerance to commercially available products? (please provide chart note documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No
Q7. Please indicate which drugs have been tried and failed:
Q8. Are the requested drug components FDA-approved for the condition being treated? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Q9. If the compound requested is for an off-label indication, please provide two examples of peer reviewed literature that demonstrate the safety and efficacy of the combination of ingredients used for the given indication for use.

Q10. Additional Comments:

\_\_\_\_\_  
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.

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