WASHINGTON
AUTHORIZATION REQUEST FORM
Version 8

Provider Services: 888-311-7632
Fax Form to: 800-848-4241
or 510-587-2799

PLEASE REVIEW REQUEST FOR ACCURACY AND COMPLETE ALL APPROPRIATE FIELDS!

PHARMACY INFORMATION

NPI: _____

CONTACT PERSON: _____
STAMP or **WRITE** Pharmacy Name, Phone & Fax:

PHONE: ( ) _____

FAX: ( ) _____

CLIENT INFORMATION
(Print Clearly)

_____
Last Name First Name

I.D.: _____

D.O. B. _____ / _____ / _____

All claims over 60 days will be denied.

		Co-Pay or Cash Price	Requested QTY	Days Supply	OCC	Prescription Date
RX#1 _____	NDC : _____-_____-_____	$: _____		_____		_____
RX#2 _____	NDC : _____-_____-_____	$: _____		_____		_____
RX#3 _____	NDC : _____-_____-_____	$: _____		_____		_____
RX#4 _____	NDC : _____-_____-_____	$: _____		_____		_____
RX#5 _____	NDC : _____-_____-_____	$: _____		_____		_____
RX#6 _____	NDC : _____-_____-_____	$: _____		_____		_____
RX#7 _____	NDC : _____-_____-_____	$: _____		_____		_____
RX#8 _____	NDC : _____-_____-_____	$: _____		_____		_____

*** * * IMPORTANT: 'Prescription Date' is the date which must be used when billing claim online.* * ***

Notes/Explanation:

MUST CHECK ALL THAT APPLY!
PROOF OF BILLING MUST ACCOMPANY THIS REQUEST

Program Limits
- ☐ Eligibility expiration
- ☐ Prescription $ max override
- ☐ Claim over 60 days

Quantity Limit
- ☐ Cost Share override
- ☐ CII or CIII Max* **original Rx required*
- ☐ Maximum fills per year
- ☐ ARV Daily QTY Max** ***Submit w/Treatment Exception Request (TER) form*
- ☐ ARV Duplicate Therapy** ***Submit w/Treatment Exception Request (TER) form*
- ☐ ARV Contraindicated Therapy** ***Submit w/Treatment Exception Request (TER) form*
- ☐ Day supply >30 with copay
- ☐ Day supply less than minimum required

Early Refill
- ☐ Lost med fill
- ☐ Vacation Supply
- ☐ Change in dose* **original Rx required*

Formulary
- ☐ Code 1 or Diagnosis Required
- ☐ Step Therapy Override
- ☐ Drug Requires Supplemental Form *(supplemental form provided)*

Other
- ☐ DAW _____
- ☐ Insurance/Plan denial *(must provide proof of denial)*

* * * *CONFIDENTIAL* * * *