



Texas Friendly

Fax completed form to (254) 774-1623
Scott and White Prescription Services
Division of Scott and White Health Plan
Phone: (800) 728-7947

Request Form for Medications Requiring Prior Authorization

Patient Information
Patient name: _____ Date of Request: _____
Patient date of birth: _____ Patient SW MRN (if applicable): _____

Scott and White Health Plan formularies can be found at www.swhp.org -Providers tab/Pharmacy Services

Medication/Medical Information
Prior authorization request for (name of drug): _____
Dose and frequency: _____
Diagnosis with ICD-9 code: _____
For injectable drugs, indicate location of administration (circle one): Home -or- Physician office/clinic
Duration of treatment (circle one): One time only / Other, please specify _____
Indicate medications tried, reason for failure, side effects, why formulary agent is not medically appropriate: _____

Provider Information
Provider printed name: _____
S&W provider number - OR - NPI: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____)-____-____ Fax: (____)-____-____
Name of supervising physician for requesting PA or NP (if applicable): _____
Provider signature: _____

Incomplete forms will delay processing time and drug therapy

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

CONFIDENTIALITY NOTICE

This fax transmission and accompanying documents may contain health information that is legally privileged. It is being faxed to you after appropriate authorization from the member or under circumstances that do not require authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential matter. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately at the contact number provided and arrange for the return or destruction of these documents.