



# Specialty Drug Request Form

Once completed, please fax this form to **877-231-8302**

Please use a separate form for each drug. Print, type, or WRITE LEGIBLY and complete form in full.

Scott & White Prescription Services can be reached at (800) 728-7947.

Note: If you **do not** want this prescription to be filled by Walgreens, check here:

## PRESCRIPTION INFORMATION

\*\*\**(When completed, this section represents a legal prescription)*\*\*\*

Subscriber ID Number		Group Number	
Patient Name		Patient Phone #	Date of Birth
Patient Address		City	State Zip Code
Drug Name (only specialty drugs)		Strength	Quantity
Directions		Refills	Diagnosis
Date Rx needed		Ship to (please check one): Physician's office ___ Patient's Home ___ Other ___	
Physician Signature (required)		DEA	Date

## Alternatives Tried / Used by Patient (if applicable)

Drug Name	Strength	Documentation of Failure of Therapy
Drug Name	Strength	Documentation of Failure of Therapy

## Medical Rationale / Reason for Drug Therapy / Treatment Plan


## PHYSICIAN INFORMATION – [needed for mailing notification - please print legibly]

Physician Name		Phone	Fax
Physician Address		City	State Zip Code

## FOR INTERNAL REVIEW

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable <input type="checkbox"/> Benefit Denial			<b>Notification of Decision Given:</b> <input type="checkbox"/>
Reason Code      Decision Date      Reviewer's Initials			Internal Rep: _____ Contact Name: _____ Date: _____ Time: _____ am/pm

Once a clinical decision has been made, a decision letter will be mailed to the patient and physician.

For other helpful information, please visit the Scott & White Health Plan Web site at: [www.swhp.org](http://www.swhp.org)

A copy of the specialty formulary is posted under the Providers/Pharmacy Services/Formulary link and within the Provider Manual, Pharmacy Services link.

## **Instructions for Completing the Specialty Drug Request Form**

1. Submit a separate form for each specialty medication.
2. Complete **ALL** information on the form.  
**NOTE:** The prescribing physician (PCP or Specialist) should, in most cases, complete the form
3. Please provide the physician address as it is required for physician notification
4. Fax the **COMPLETED** form to **877-231-8302**

### **All Specialty Drugs Require Prior Authorization**

The diagnosis, applicable lab data, and involvement of specialists are required, plus all other pertinent medical information.

***Important Note: Please continue to use the SWHP standard “Individual Case Review Form” for all non-Specialty Drugs that require Prior Authorization.***

To view the specialty formulary online, please visit our website at: [www.swhp.org](http://www.swhp.org) . Under the Providers link you will find a specialty formulary and specialty drug request form under the Pharmacy Services link. From the SWHP homepage, select Providers, Pharmacy Services, Formulary, Specialty formulary to view the specialty formulary.

Scott & White Prescription Services may be contacted to address questions regarding the authorization and delivery process for specialty pharmaceuticals – (800) 728-7947.