



PRIOR AUTHORIZATION CRITERIA REQUEST FORM

Please complete this form and fax it to the SilverScript Insurance Company at 1-888-836-0730 to receive a DRUG SPECIFIC CRITERIA FORM for Prior Authorization. Once received, a DRUG SPECIFIC CRITERIA FORM will be faxed to the specific physician along with patient specific information, appropriate criteria for the request and questions that must be answered. Once received, reviewed and approved, an override will be processed and the pharmacist can resubmit the claim for payment. If the request is denied, the physician and patient will be sent a notification and reason for the denial.

ALL fields must be completed before faxing. Please fax the completed form to SilverScript Insurance Company at 1-888-836-0730.

SECTION I: PATIENT INFORMATION

| | |
|--------------------------------------|-----------------------------|
| LAST NAME, FIRST NAME (PLEASE PRINT) | DOB (MM/DD/YYYY) |
| STREET ADDRESS | TELEPHONE NUMBER () |
| CITY | STATE |
| CARDHOLDER ID # | ZIP CODE |

SECTION II: DRUG INFORMATION

| | |
|--------------------------|---------------|
| DRUG NAME (PLEASE PRINT) | DRUG STRENGTH |
|--------------------------|---------------|

SECTION III: PHYSICIAN INFORMATION

| | |
|---|---------------------------------|
| PHYSICIAN NAME (PLEASE PRINT) | |
| PHYSICIAN ADDRESS (STREET, CITY, STATE, ZIP CODE) | |
| PHYSICIAN PHONE NUMBER () | PHYSICIAN FAX NUMBER () |

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

DISCLAIMER: Incomplete or illegible forms and missing fields may delay the processing of your request. Please complete all fields to ensure appropriate processing.

CONFIDENTIALITY NOTICE: *This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.*