



SPECIALTY MEDICATION PRIOR AUTHORIZATION FORM

Complete this form and send information to
Absolute Total Care, Pharmacy Department fax
at **1-855-865-9469**
For questions, please call **1-866-433-6041, ext. 64455**

ACARIA Ship to: ☐ Patient ☐ Other OR ☐ Dispense from Office, Hospital, or Outpatient Center Stock

PATIENT INFORMATION

Patient Name: _____
Address: _____
City, St Zip: _____
Home Phone: _____
Alternate Phone: _____
Date of Birth: _____
Gender: _____

OTHER SHIPPING LOCATION INFORMATION

Name: _____
Address: _____
City, St Zip: _____
Phone: _____
Fax: _____
Contact Name: _____

PRESCRIBER INFORMATION

Prescriber Name: _____
Specialty: _____
NPI#: _____
Group or Hospital: _____
Address: _____
City, St Zip: _____
Phone: _____
Fax: _____
Contact Name: _____
**Name of Location Medication to be supplied from
if not shipped by ACARIA:** _____
Phone: _____
Fax: _____
Contact Name: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID#: _____ Phone#: _____
Secondary Insurance: _____ ID#: _____ Phone#: _____

STATEMENT OF MEDICAL NECESSITY

Diagnosis (please include ICD-10 and description): _____

Date of Diagnosis: _____ Please include any diagnostic clinicals such as labs, radiology, exams, etc. to support diagnosis

Is member currently treated with this medication(s)? No _____ Yes _____ How long: _____

Is this request a continuation of a previous approval by Absolute Total Care? No _____ Yes _____

Has the strength, dosage or quantity required per day: Increased _____ Decreased _____ Same _____

Rx MEDICATION(S) REQUESTED

Medication Name	Strength/Dose	Directions	QTY	Refills	Therapy Start Date

Prescriber's Signature

Date

CONFIDENTIALITY NOTICE: This facsimile transmission was intended solely for the individual to whom it is addressed. The information contained in this transmission is protected by the Personal Privacy Protection Law or is otherwise privileged. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery to the intended recipient, please be advised that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately to arrange for the return or other disposition of the transmission.