

Complete and **fax** all requested information below including any progress notes, laboratory test results, or chart documentation, as applicable to Highmark Health Options Pharmacy Services at **1-855-476-4158**.

Questions and concerns? Call Pharmacy Services at **1-844-325-6251**, Monday–Friday, 8 a.m. to 7 p.m.

Provider Information	
Requesting Provider	NPI
Provider Specialty	Office Contact
Office Name and Address	Office Phone
	Office Fax

Member Information		
Member Name	Date of Birth	
Member ID	Weight	Height

Requested Drug		
Medication	Strength	
Directions	Quantity	Refills
Is the member currently receiving the requested medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Medication Initiated	
Is this medication being used for a chronic or long-term condition for which the medication may be necessary for the life of the member (your patient)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Billing	
This medication will be billed: <input type="checkbox"/> at a pharmacy or <input type="checkbox"/> medically, JCODE: _____	
Place of Service: <input type="checkbox"/> Hospital <input type="checkbox"/> Provider Office <input type="checkbox"/> Member Residence <input type="checkbox"/> Other	
Place of Service Name and Address	NPI
	Place of Service Phone

Required Medical History	
Diagnosis	ICD Code
Is this member currently or recently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date
Additional clinical or supporting information (include office notes, lab data, and applicable supporting medical literature)	

Current or Previous Therapy			
Medication Name	Strength and Frequency	Dates of Therapy	Status (Discontinued & Why/Current)

Reauthorization
Has the member experienced a significant improvement with treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe.

Supporting Documentation and Clinical Rationale

Prescribing Provider Signature	Date