



Prescriber Information for Medication Prior Authorization

Note: All information must be submitted to PHC by the pharmacy that will be filling the prescription, please fax this to the patient's pharmacy.

Pharmacy Name/Address			Pharmacy Phone Number		
			Pharmacy Fax Number		
Prescriber Name/Address			Prescriber Specialty		
			Prescriber NPI Number		
Prescriber Phone Number:			Prescriber Fax Number:		
PHC Member Name (Last Name, First Name)		Date of Birth			CIN Number
		MO	DAY	YR	
Diagnoses				ICD9 or ICD10 Codes	
Medication Name:			Dose:		
Instructions					
Formulary Medications Used Previously					
Name of Medication		Maximum Dose		Dates	
Medical Justification for Prior Authorization					
Literature Citation (if applicable)					