



Prior Authorization Form

Brands with generic equivalents

ONLY COMPLETED REQUESTS WILL BE REVIEWED

Drug Requested: (check one)

<input type="checkbox"/> Atacand® [HCT]	<input type="checkbox"/> Exforge®	<input type="checkbox"/> Ativan®	<input type="checkbox"/> Migranal®
<input type="checkbox"/> Avapro® [Avalide]	<input type="checkbox"/> Twynsta®	<input type="checkbox"/> Valium®	<input type="checkbox"/> Renvela®
<input type="checkbox"/> Cozaar® [Hyzaar]	<input type="checkbox"/> Lipitor®	<input type="checkbox"/> Xanax®	<input type="checkbox"/> Other specify: _____
<input type="checkbox"/> Diovan® [HCT]	<input type="checkbox"/> Ambien® 5mg [CR 6.25mg]	<input type="checkbox"/> Percocet®	
<input type="checkbox"/> Micardis® [HCT]	<input type="checkbox"/> Lunesta® 1mg, 2mg	<input type="checkbox"/> Halcion®	
<input type="checkbox"/> Teveten®	<input type="checkbox"/> Sonata®	<input type="checkbox"/> Doral®	

Date: _____ Patient ID#: _____ DOB: _____
 Patient Name: _____ Provider NPI: _____
 Prescribing Physician: _____ Office Contact: _____
 Office Fax #: _____ Office Phone: _____

1. DIAGNOSIS FOR DRUG REQUESTED: _____

2. PATIENT HISTORY:

- A. Is drug requested being used for an FDA approved indication? Yes No
- B. Did patient have an inadequate response or inability to tolerate the generic **equivalent** of the requested brand name product? Yes No
If yes please list the name(s) of the agents tried _____
- C. Did patient have an inadequate response or inability to tolerate a generic **alternative** in the same class as the requested brand name product? Yes No
If yes please list the name(s) of the agents tried _____
- D. Did patient have an inadequate response or inability to tolerate the preferred brand product in the class? (if applicable) Yes No NA

Category	Preferred Brand
Angiotensin II receptor antagonists	Benicar [HCT]
Angiotensin II receptor antagonists/ calcium channel blocker	Azor
HMG Co A reductase inhibitors	Crestor

If yes please list the name(s) of the agents tried _____

Please provide any additional information:

FAX TO (888) 671-5285. YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL.