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EXPRESS SCRIPTS®

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Bloomington, MN 55439

Prior Authorization Phone # 1-800-417-8164

Prior Authorization Request Form

FAX to ESI: (877) 697-7192

Please Note: If the following information is NOT filled in completely, correctly or legibly, the authorization review **will be delayed**. Please allow 48 hours for processing.

Insurance Company _____

Patients Prescription ID# _____

Patient Full Name _____

Patient Date of Birth _____

Medication Requested _____

Quantity Requested _____ **for** _____ **days supply**

Physician Name (please print clearly) _____

Physician NPI/DEA number (required) _____

Physician Specialty _____

Physician Phone _____ **Physician Fax** _____

PLEASE DOCUMENT: Diagnosis, Indication, Medical History and any other additional information which the Physician considers important to this review: _____

PLEASE DOCUMENT: Other Medications/Therapies tried (including duration and reason for failure): _____

Physician Signature _____ **Date** _____

Office Contact Person _____

Any further or additional information related to this request should be included and attached to this form.