

**Pharmacy Pre-authorization Form: General Requests**

**Note: DO NOT USE THIS FORM for pre-authorization requests for PROTON PUMP INHIBITORS, ARB'S, CIMZIA, HEPATITIS C, HYALURONIC ACIDS, MIGRAINE MEDICATIONS, SEDATIVE HYPNOTICS, TESTOSTERONE REPLACEMENTS, ANTIDEPRESSANTS, STATINS, PHYSICIAN ADMINISTERED DRUGS, or INFERTILITY TREATMENTS. Please use the specific form for these drugs, found online at [www.connecticare.com](http://www.connecticare.com).**

Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Physician ID # (Required for all requests) \_\_\_\_\_  
Member ID Number: \_\_\_\_\_ Physician Specialty: \_\_\_\_\_  
Member DOB: \_\_\_\_\_ Physician Address: \_\_\_\_\_  
Physician Telephone: \_\_\_\_\_  
Physician Fax/E-mail: \_\_\_\_\_

Medication requested: \_\_\_\_\_

Dose/expected duration of treatment: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD9/ICD10 Code \_\_\_\_\_

**\*THIS CODE IS NOW REQUIRED ON ALL REQUESTS per Patient Protection and Affordable Care Act.\***

Reason for request (please be as specific as possible): \_\_\_\_\_

Additional Pertinent Information: \_\_\_\_\_

Other medications used to treat condition and dates used: \_\_\_\_\_

**PLEASE NOTE: If pharmacy claims are not found, chart notes may be required to verify past medication trials**

PRESCRIBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
**By signing above, the prescriber confirms all information provided is accurate and verifiable via member records.**

**For ConnectiCare Use Only**

Date reviewed: \_\_\_\_\_

Approved/denied (circle one) by: \_\_\_\_\_ Approval expiration date: \_\_\_\_\_

Comments: \_\_\_\_\_

Code: \_\_\_\_\_

**ConnectiCare Pharmacy Services: FAX — 1-800-249-1367**

**To speak to a Medical Director or Pharmacist regarding a pre-authorization decision, call 1-800-828-3407.**

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407. The information in this document does not apply to ConnectiCare VIP Medicare plan members.*