



**Medications Requiring Prior Authorization
Billed Thru the Medical Benefit**
(Retail Pharmacy List of Medications Requiring PA is Different)
Fax to PA Pharmacy Dept: 617-897-0800

Patient Name: _____

ID: _____ **DOB:** _____ **Today's Date:** _____

Requested Medication: _____

Dose: _____ **Duration of Therapy:** _____

Diagnosis: _____

Please provide clinical documentation:

These drugs are part of the medical benefit. How do you plan to bill?

- Supply + Administer in Office, Bill for Administration with J-Code
- Administer in Office, Specialty Pharmacy Will Supply Meds, Bill for Administration

Physician Name: _____

Physician Signature: _____

Contact Name: _____

Phone Number: _____ **Fax Number:** _____
