HIGHMARK. WESTERN NEW YORK

Medical Specialty Drug Authorization Request Form

Please print, type or write legibly in blue or black ink. **Once completed, please fax this form to the designated fax number for medical injectables at 833-619-5745**. Authorization requests may alternatively be submitted via phone by calling 1-800-452-8507 (option 3, option 2).

***Please note this form does NOT represent a legal prescription order, and the official prescription order/referral must be sent to the servicing pharmacy provider.**

MEMBER INFORMATION

Member ID Number	Group Number *(If Available)*	☐ Medicare ☐ Commercial
Member Name	Member DOB	Member Phone Number
Member Address	City	State Zip Code

DRUG INFORMATION

Diagnosis Code (ICD-10)	Diagnosis Code Description		
HCPCS Code (J-Code)	Requested Drug Name	Drug Strength or Dose	Quantity (# of doses/visits)
Directions		Requested Start Date of Service	

MEDICAL RATIONALE / REASON FOR DRUG THERAPY / TREATMENT PLAN *(please include supporting clinical information in your request)*

SITE OF CARE

Place of Administration Name	NPI	Phone Ext.	Fax
Servicing Provider Address	City	State	Zip Code

Place of Administration Type *(please select one)*

☐ Home Infusion (12) ☐ Office – Professional (11) ☐ Ambulatory Infusion Suite – Professional (49) ☐ Outpatient Hospital (22)

Is the site of care affiliated with a hospital or will the claim be billed as a facility claim? ☐ Yes ☐ No

Drug Dispensing Information *(please select one)*

☐ Supplied by a Specialty Pharmacy (*for Home Infusion, Office – Professional, or Ambulatory Infusion Suite – Professional)*

Name of Specialty Pharmacy: _____ NPI: _____

☐ Buy & Bill (*for Office – Professional or Outpatient Hospital administration*)

Ship To *(please select one)*

☐ Physician's Office ☐ Member's Home ☐ Other _____

REQUESTING PHYSICIAN INFORMATION *(Required for mailing notification – Please print legibly)*

Physician Name	NPI	Phone Ext.	Fax
Physician Address	City	State	Zip Code

Physician Signature (REQUIRED)	DEA *(if applicable)*	Date
Contact Name	Contact Phone Ext.	

REQUEST TYPE

Initial Request	Appeal
☐ Expedited Request ☐ Standard Request	☐ Peer to Peer ☐ Expedited Appeal ☐ Standard Appeal