## 1199SEIU Benefit Funds

498 Seventh Avenue, New York, NY 10018-0009 • Tel: (646) 473-9200 • Fax: (646) 473-7469 • www.1199SEIUBenefits.org • 🟵 🐵 @1199SEIUBenefits

## **BENEFITS ADMINISTRATION DEPARTMENT/PHARMACY SERVICES**

## PRESCRIPTION REQUEST FOR AUTHORIZATION

For drugs NOT LISTED below, please call CVS Caremark at (833) 250-3237 or (866) 814-5506

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EviCore Utilization Management Program at (888) 910-1199 for "Buy and Bill" medical specialty drugs and oncology requests

MEMB	er's full name (first, last)		MEMBER ID#	
PATIENT'S FULL NAME (IF NOT MEMBER) CHECK THE APPROPRIATE PRESCRIPTION:		PATIENT'S DATE OF BIRTH (MM/DD/YYYY)	AGE	
		DRUG NAME/DOSAGE/DURATION:		
	Cerdelga			
	Zavesca			
	Evrysdi			
	Firdapse			
	Imcivree			
Initial Drug Therapy:  Yes  No ICD-10 Diagnosis Code(s) and Description:		Renewal Treatment: 🗌 Yes 🗌 No		
PRINCI	PAL			
SECON	DARY			
MEMBI	ER ID#	PATIENT'S FULL NAME (FIRST, LAST)		

Patient History:				
Prior Treatment Medication Therapy and Outcomes:				
Comments:				
REQUEST SUBMITTED BY	DATE (MM/DD/	YYYY)		
PHYSICIAN	TIN/TAX ID#			
PHONE	FAX			
Х				
PHYSICIAN SIGNATURE		DATE (MM/	DD/YYYY)	
PHYSICIAN SPECIALTY				
OFFICE ADDRESS	CITY	STATE	ZIP	
PHARMACY PROVIDING SERVICE	PHARMACIST'S	PHARMACIST'S FULL NAME (FIRST, LAST)		
PHARMACY ADDRESS	CITY	STATE	ZIP	
PHONE	FAX			

Please note: Any areas left blank will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST.

Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. Fax completed form to (646) 473-7469.

The Benefit Funds' Pre-authorization Call Center is available Monday to Friday, 9:00 am to 5:00 pm, at (646) 473-7446. Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit our website at www.1199SEIUBenefits.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.