FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Zortress® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable ❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

❑ Prophylaxis of organ rejection in kidney transplantation
❑ Prophylaxis of organ rejection in liver transplantation
❑ Other diagnosis: _____ ICD-10 Code(s): _____

Provider's Specialty:

Is the prescriber experienced in immunosuppressive therapy and management of transplant patients? ❑ **Yes** ❑ **No**

For prophylaxis of organ rejection in kidney transplantation, answer the following:

Is the medication being used for prevention of kidney transplant organ rejection? ❑ **Yes** ❑ **No**
Is the patient at low-to-moderate immunologic risk? ❑ **Yes** ❑ **No**
Select if the patient is prescribed concurrent therapy with reduced doses of the following:
- ❑ Cyclosporine
- ❑ Corticosteroids

For prophylaxis of organ rejection in liver transplantation, answer the following:

Is the medication being used for prevention of liver transplant organ rejection? ❑ **Yes** ❑ **No**
Have thirty (30) or more days passed since the transplant procedure? ❑ **Yes** ❑ **No**
Select if the patient is prescribed concurrent therapy with reduced doses of the following:
- ❑ Tacrolimus
- ❑ Corticosteroids

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.