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

Rayos® 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	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Allergic conditions
❑ Dermatologic diseases
❑ Endocrine conditions
❑ Gastrointestinal diseases
❑ Hematologic diseases
❑ Neoplastic conditions
❑ Nervous system conditions
❑ Ophthalmic conditions
❑ Organ transplantation
❑ Pulmonary diseases
❑ Renal conditions
❑ Rheumatologic conditions
❑ Specific infectious diseases
❑ Other diagnosis: ______________________________ ICD-10 Code(s): ______________________________

Clinical information:

Does the patient's condition require the use of long term prednisone? ❑ **Yes** ❑ **No**

Has the patient had an inadequate response to or inability to tolerate one immediate-release oral steroid? ❑ **Yes** ❑ **No**

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.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of FutureScripts. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Rayos_FS_2017Aug-W