



MEDICATION PRIOR AUTHORIZATION REQUEST

- PRIOR AUTHORIZATION REQUESTS ACCEPTED BY **FAX OR MAIL ONLY**
- Prior Authorization criteria are available at www.unityhealth.com/MyRx/pacriteria
- To discuss Prior Authorization criteria contact Unity Pharmacist at (888) 450-4884 or (608) 265-7397
- To **check on status of request** contact MedImpact Customer Service at (800) 788-2949
- To appeal decisions contact Unity Customer Service at (800) 362-3310
- **INCOMPLETE FORMS MAY DELAY THE DECISION**

Please provide the following information and return to:

Fax: (888) 450-4711 OR (608) 265-7382	Mail: Unity Pharmacy Program Drug Policy Program University of Wisconsin Hospital & Clinics 600 Highland Avenue Mailcode 9475 Madison, WI 53792
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<u>Prescriber Information</u>	
Name:	Date:
Fax:	Phone:
<u>Patient Name and Birth Date</u>	<u>Unity Member Number</u>
<u>Diagnosis:</u>	<u>Allergies:</u>

If you would like us to notify the patient's pharmacy, please provide the pharmacy information.

FOR PATIENT/HOME ADMINISTERED MEDICATIONS	
<u>Pharmacy Information (optional)</u>	Phone:
Name:	Fax:
Medication Requested: (Include drug name, dose, dosage form, schedule and duration of therapy)	

FOR CLINIC ADMINISTERED MEDICATIONS	
<u>Referred to/Service Provider Information</u>	Phone:
Name:	Fax:
Please also notify (name/fax #):	
Medication and Procedure Code: (Include dates of service, drug name, HCPCS or CPT code, dose, and schedule and duration of therapy)	

FOR ALL REQUESTS: REASON FOR REQUEST

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