



1650 Spring Gate Lane
 Las Vegas, NV 89134
 Tel: 888-869-4600

Please Note: Medical Necessity Prior Authorization may be utilized to override both formulary coverage and benefit design restrictions. They are issued at the full discretion of the benefit manager.

PRIOR AUTHORIZATION FORM

COMPLETE AND FAX TO CATALYST RX AT 888-852-1832

MEMBER INFORMATION

First Name		Last Name	
Plan/Employer			
Member ID		Date of Birth	

DRUG INFORMATION

Drug Name			
Quantity		ICD-9	
Directions		Duration of Therapy	
Diagnosis			
PLEASE LIST ALTERNATIVE THERAPIES THAT HAVE BEEN ATTEMPTED AND ANY OTHER PERTINENT INFORMATION			

PHYSICIAN INFORMATION

Physician Signature		Date	
Physician Name		NPI #	
Phone Number		Fax Number	

Action Needed	<p>Only mark Urgent when standard review time would seriously harm the member's life or health or ability to regain maximum function</p> <p><input type="checkbox"/> Urgent <input type="checkbox"/> For Review</p>	Pharmacy Fax	
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