



**Humana Clinical Pharmacy Review**  
 1-877-486-2621 (Fax)  
[www.humana.com](http://www.humana.com)

Universal fax form for drug authorization

Patient Information				Physician Information			
Patient name:		Date of Birth:		Name:		TAX ID#:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Home Phone: ( ) ( )	Work Phone: ( ) ( )		Address		City	State
Subscriber ID#				Telephone: ( ) ( )		Fax: ( ) ( )	
Address		City	State	Zip code			
Medication administered (if injectable): <input type="checkbox"/> Physician office Will physician supply the medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient's home <input type="checkbox"/> Other _____				Physician Specialty (if applicable):			
				Physician signature (required):		Date:	
Diagnosis and Medical Information							
Is this a reauthorization? Yes <input type="checkbox"/> No <input type="checkbox"/>				State from which you are requesting this medication (required):			
Diagnosis:				Therapeutic alternatives previously used (required):			
ICD-9 Code:		J-Code:		Please list outcomes from previous treatment:			
Please provide any medical information which may support approval:							
<b>Note:</b> Medications may be subject to a quantity limitation sufficient for a 30 day supply per fill based on FDA approved dosages.							
Medication and Dose Requested							
Medication requested:							
Dosage:							
Sig:							
<small>The information contained in the document is confidential. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying or distribution of this information or the taking of any action in reliance on this information is strictly prohibited. If you have received this message in error please immediately notify the sender by telephone to arrange for its return.</small>							
<small>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.</small>							
<b>Please note any information left blank or illegible may delay the review process</b>							