



Pharmacy Help Desk Request for Authorization

Phone Number: Seattle area 206-630-7920, Toll free 1-800-729-1174
Fax Number Toll free 1-866-439-0050

Please complete the following information when requesting a formulary Prior Authorization medication or non-formulary medication.

Is the requested medication new medication for the patient? Yes No

If patient established, when did patient start medication? Greater than 3 months?

Was this drug covered by patient's previous insurance company? Yes No

Was patient given samples of the requested medication? Yes No

Consumer and Prescriber Information		
Requesting Prescriber/ Prescriber #	Prescriber's Telephone #	Prescriber's Fax #
Pharmacy Name		Pharmacy Telephone #
Member's Name	Kaiser Permanente Member Number	Member Date of Birth
Prescription Information		
1. Drug Requested		2. Diagnosis
3. Drug Strength and Formulation:		4. How long has patient been taking?
5. Previous Therapies		
<u>Drug Name and Dose</u>		<u>Outcome (Describe the failure or intolerance)</u>
_____		_____
_____		_____
_____		_____
To view the Kaiser Permanente Formulary, visit: www.kp.org/wa Click on Pharmacy and Kaiser Permanente Drug Formulary.		
Other information (e.g., medication allergies, adverse effects on other medication. drug-drug interactions):		
Prescriber Signature:		Date:

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