Prior Authorization Request

Instructions: Use this form to submit a claim for a drug that requires PRIOR AUTHORIZATION, or is subject to a STEP THERAPY or a QUANTITY LIMIT, or to dispense a supply due to a patient's upcoming trip.

All requests must include a copy of the prescription and any other document related to the authorization process. For example, patient's drug history profile, a medical justification for the prescribed therapy, lab results, or evidence of an upcoming trip. This request and all supporting documents will be submitted by fax to MC-21 for processing. Please refer to the table below for information on fax numbers per client.

Client	Fax
MC-21 MAPFRE, BPPR, BMS, MMM EMPLOYEES, WALMART	1(866) 245-5057
ADAP HIAP	1(866) 785-0069
MC-21 Plan de Salud VITAL (PSG)	1(866) 247-2880
MC-21 MCS	1(888) 383-1960

Pharmacy Information	
Pharmacy Name:	
NCPDP or NPI #: (provide one or the other)	Pharmacy Phone or Fax: (provide one or the other)
Member's Information	
Member ID #:	Service Date (mm/dd/yyyy):
Member's Full Name:	
Select the name of the Members' plan	☐ BPPR ☐ BMS ☐ MC-21 MAPFRE ☐ MC-21 MCS ☐ MC-21 PSG VITAL ☐ MMM Employees ☐ WALMART
Prescription Information	
Drug Name:	Drug Strength
Select the reason for this request	☐ DUR ☐ REQUIRES PA ☐ QUANTITY LIMIT ☐ STEP THERAPY ☐ PATIENT HAS A TRIP (evidence must be submitted along with this request)
Complete all applicable fields.	
Diagnoses or ICD-10 diagnostic codes:	
Did the prescriber provide a medical justification? ☐ YES ☐ NO **If YES,** include a copy of the justification along with this request.	**If Step Therapy,** does the patient show prior use of a Step 1 or Step 2 option? ☐ YES ☐ NO **If yes,** please write the names of the drug(s) used by the patient.
For drugs that are dosed by weight, height and or BSA (ex. chemotherapies, anti-hemophilic agents), please provide: Weight Height BSA	
Was the prescriber contacted? ☐ YES ☐ NO	Name of the Pharmacist who contacted the prescriber:
Pharmacist's Signature	Date (mm/dd/yyyy):

Important: Remember to **sign the request**, **include all supporting documents AND the prescription**. Contact MC-21's Pharmacy Call Centers if you need assistance.

Pharmacy Network Call Center 1(888) 311-6001
Prior Authorization Call Center 1(866) 999-6221
24 / 7 Service Hours