

Humana Clinical Pharmacy Review
Fax 1-877-486-2621 (HUMANA-1)
Telephone 1-800-555-2546 (CLIN)

INFORMATION REQUIRED TO PROCESS DRUG AUTHORIZATIONS
For Physician Use Only

Please provide the following information regarding the patient and their therapy. Fax forms that are incomplete, illegible or submitted without a return fax number cannot be processed.

1. Patient Name: _____ 2. Patient DOB: _____
3. Patient ID# (this form cannot be processed without it): _____
4. Is this a reauthorization? YES _____ NO _____
5. Diagnosis (please do not use ICD-9 or J-code): _____
6. Drug name and strength: _____
7. Frequency/Directions: _____
8. Therapeutic alternatives previously used (required): _____

9. Outcomes from previous treatment: _____

10. Rationale for request: _____

11. Physician Information (please print):
Physician name: _____ Signature (required): _____
Telephone #: _____ Fax #: _____ DEA#: _____
State from which you are requesting this medication (required): _____