



**Florida Health Care Plans**




**FLORIDA HEALTH CARE PLANS  
PRIOR AUTHORIZATION MEDICATION FORM**  
Phone: 386-238-3230 / 800-352-9824

An Independent Licensee of the Blue Cross and Blue Shield Association

**DATE:**

**AUTH#:**

Provider Name:	Provider Signature:
Specialty:	Provider Phone:
Contact Person:	Provider Fax:

Routine  Urgent   Phone: 386-238-3230 or 800-352-9824  
**If your request is urgent, you must call the Central Referral Department prior to submitting your request. Urgent is serious jeopardy to life, health, maximum function**

Patient Name:	FHCP #:	DOB:
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Patient Home Phone:	Patient Alternate Phone:
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Name of Medication	Strength	Dosing Instructions/Route of Administration	Duration of Therapy

Brand name ONLY REASON FOR BRAND ONLY:

Diagnosis:	ICD10 Code:
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If infusion or injection, will requesting provider be administering medication?  
**WILL THE MEDICATION BE:**  Provided by Pharmacy  Provided by Office

Alternatives tried:

Reason for the Medication:

**Please fax completed form with CLINICAL NOTES and MED LIST to  
 FHCP Central Referrals at 386-238-3253 or 855-442-8398**  
 You may view the formulary online at [www.fhcp.com](http://www.fhcp.com) by clicking on the "For Providers" Link, then click "Resources and Support", then select "View Member Formularies", then "Medication Formulary" to determine whether a medication requires prior authorization.

**THE SECTION BELOW IS FOR FHCP INTERNAL USE ONLY**

APPROVED BY FLORIDA HEALTH CARE PLANS FOR:

<input type="checkbox"/> CVS Caremark	<input type="checkbox"/> FHCP Pharmacy	<input type="checkbox"/> Provider Office Infusion	<input type="checkbox"/> FHCP Infusion
Signature:	Date:	Approved / Denied	