1199SEIU Funds
Benefit and Pension

National Benefit Fund • Health Care Employees Pension Fund
Greater New York Benefit Fund • Greater New York Pension Fund
Home Care Employees Benefit and Pension Funds • Home Health Aide Benefit Fund
330 WEST 42ND STREET | NEW YORK, NY 10036-6977 | WWW.1199SEIUBENEFITS.ORG

# Benefits Administration Department/Pharmacy Services
# Prescription Request for Authorization

Fax completed form to (646) 473-7469.

1199SEIU Member's Name: _____

Member ID: _____

Patient (if not member): _____

Patient Date of Birth: _____ /_____ / _____ Age:_____

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**Prescription:** **Drug name/Dosage/Duration:**

☐ **Brand-Name Drug Requests:**
(brand name drug with generic available) _____

☐ **Non- Preferred Drug on the PDL**
(tier exception request) _____

☐ **Blood Clotting Agents** _____

☐ **Other** _____

For all other drug requests please call Express Scripts @ 1(800)753-2851.

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**Initial Drug Therapy:** ☐ **Yes** ☐ **No** **Renewal Treatment:** ☐ **Yes** ☐ **No**

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## ICD-10 Diagnosis Code(s) & Description:

**Principal:** _____

**Secondary:** _____

**Member ID:** _____ **Patient's Name:** _____

**Patient History:**

**Prior Treatment Medication Therapy and Outcomes:**

**Comments:**

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Request Submitted By: _____ Request Date: _____ /_____ /_____

Prescribing Physician: _____ TIN/Tax ID: _____

Telephone: _____ MD Fax: _____

Physician Signature: _____ Date: _____ /_____ /_____

Physician Specialty: _____

Office Address: _____

Office City: _____ State: _____ ZIP: _____

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Pharmacy Providing Service: _____ Pharmacist: _____

Pharmacy Address: _____

Pharmacy City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

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**Please note: Any areas not filled out will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST.**

**Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. Fax completed form to (646) 473-7469.**

**The Fund's Pre-authorization Call Center is available Monday to Friday, 9:00 am to 5:00 pm, at (646) 473-7446.**

**Pre-Authorization requirements are regularly updated and are therefore subject to change; periodically visit our website at www.1199SEIUBenefits.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.**