CareFirst BlueCross BlueShield
Community Health Plan
District of Columbia
1100 New Jersey Ave SE
Suite 840
Washington, D.C. 2000**3**
www.carefirstchpdc.com

Please note: All information below is required to process this request. Monday – Friday: 8:00 AM to 4:30 PM Eastern
Phone: 1-866-287-6156 | Fax: 1-866-839-2372 | www.carefirstchpdc.com

Prior Authorization Request Form

Patient Information			Provider Information		
Patient Name:			**Provider Name:**		
Member ID#:			**NPI#:**	**Specialty:**	
Date of Birth:	**Phone: ( )**		**Office Phone: ( )**		
Street Address:			**Office Fax: ( )**		
City:	**State:**	**Zip:**	**Office Street Address:**		
Drug Allergies:			**City:**	**State:**	**Zip:**

Requested Medication Information			
Requested Medication Name:		**Strength:**	**Dosage Form:** *(Capsules, Injection, etc.)*
Quantity Requested:	**Frequency:**	**Route of Administration:** (Oral, IV, SC, etc.)	**Length of Therapy:** *(Please be specific)*
☐ **Check if requesting brand**		**Pharmacy Name:**	
☐ **Check if request is for continuation of therapy**		**Phone: ( )**	**Fax: ( )**

Clinical Information	
What is the patient's diagnosis for the medication being requested?	**ICD-10 Code(s):**
What medication(s) has the patient tried and/or failed?	

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance

CareFirst BlueCross BlueShield
Community Health Plan
District of Columbia
1100 New Jersey Ave SE
Suite 840
Washington, D.C. 2000**3**
www.carefirstchpdc.com

Document any supporting labs or test results? (Please specify) NOTE: **The most recent relative clinical notes and laboratory results must be included to ensure a complete PA review**
Other Pertinent History (Relative or pertaining to this request):

☐ **Request for Expedited (URGENT) Review:** By Checking this box, I certify that applying the standard timeframe may seriously jeopardize the health of the member or the member's ability to regain maximum function.

☐ **Completed by:** _____ **Date:** _____

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance