Florida Health Care Plans
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.

Patient Name:		FHCP #:		DOB:

Patient Home Phone: | Patient Alternate Phone:

Name of Medication	Strength	Dosing Instructions/Route of Administration	Duration of Therapy

Diagnosis: | ICD10 Code:

If infusion or injection, will requesting provider be administering medication?

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* 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:

☐ CVS Caremark ☐ FHCP Pharmacy ☐ Provider Office Infusion ☐ FHCP Infusion

Signature:	Date:	Approved / Denied

Rev. 08-12-15, 10-1-15, 1-4-19