





Specialty Drug Request Form

Once completed, please fax this form to Walgreens at 1-877-231-8302. Please use a separate form for each drug. Print, type, or WRITE LEGIBLY and complete form in full. Walgreens will contact HHIC for authorization, if necessary. Walgreens can be reached at (888) 347-3416.

Subscriber ID Number		Group Number			
Patient Name				Date of Birth	
Patient Address	City	State	Zip Code	Phone Number	
Drug Name (only specialty drugs)		Strength		Quantity	
Directions		Refills	Diagnosis		
Date Rx needed		Ship to (please check one): Physician's office ___ Patient's Home ___ Other			
Physician Signature (required)		DEA		Date	
Alternatives Tried / Used by Patient (if applicable)					
Drug Name		Strength	Documentation of Failure of Therapy		
Drug Name		Strength	Documentation of Failure of Therapy		
Medical Rationale / Reason for Drug Therapy / Treatment Plan					
PHYSICIAN INFORMATION					
Physician Name		Phone		Fax	
Physician Address		City		State	Zip Code
FOR INTERNAL REVIEW					
 Approved  Denied  Not Applicable  Benefit Denial					
Reason Code	Decision Date	Reviewer's Initials			

Instructions for Completing the Specialty Drug Request Form

1. Submit a separate form for each medication.
2. Complete **ALL** information on the form.
NOTE: The prescribing physician (PCP or Specialist) should, in most cases, complete the form
3. Please provide the physician address as it is required for physician notification
4. Fax the **COMPLETED** form to **1-877-231-8302**

Or mail to: **Walgreens Specialty Pharmacy**
500 Noblestown Rd, Suite 200
Carnegie, PA 15106

Specialty Drugs Requiring Prior Authorization

For the following specialty drugs and/or therapeutic categories, the diagnosis, applicable lab data, and involvement of specialists are required, plus additional information as specified:

Brand Name	Billing Code
Aldurazyme	J1931
Amevive	J0215
Botox	J0585
Dysport	J0586
Fabrazyme	J0180
Hizentra	J1559
IVIG [immune globulin]	90283
IVIG [immune globulin]	J1561
IVIG [immune globulin]	J1568
IVIG [immune globulin]	J1569
IVIG [immune globulin]	J1572
IVIG [immune globulin] (lyophilized and non-lyophilized)	J1566
Myobloc	J0587
Orencia	J0129
Prialt	J2278
Privigen	J1459
Remicade	J1745
Synagis	90378
Tysabri	J2323
Vivaglobin	J1562 & 90284
Xolair	J2357