



Adagen (Pegademase Bovine)

Prior Authorization Form Curascript Fax (888) 773-7386

Form with fields: Last Name, First Name, Prescriber's Name, Specialty, Home Phone, Work Phone, Office Phone, Office Fax, Home Address, City, State, ZIP, Address, City, State, ZIP, SCAN ID number, Date of Birth, Est. Start Date, Office Contact, For Specialty Medications Only: Shipping Address (if different from home address), Physician, Home, Special Instructions (i.e. Non-English Speaking Patient, etc.)

Form with fields: Medication, Diagnosis, Sig, Qty, Refills, ICD 9 Code

Form with fields: Secondary/ Supplemental Insurance Company, Phone, Name of Insured, ID Number, Group Number

Form with 7 numbered questions regarding diagnosis, testing, transplant, medication supply, and other information.

Form with fields: Physician's Signature, NPI/DEA #, Date

Form with fields: For Internal Use Only, Approved, Denied, Reviewer's Initials, Decision Date, Comments

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at http://www.scanhealthplan.com.