

Nonsedating Antihistamines (Xyzal, Levocetirizine dihydrochloride, Clarinex, Clarinex-D)

Prior Authorization Request (Physician to Complete)



Visit www.wellmark.com for the Wellmark Drug List for current medication tier levels and updated PA Forms

Facsimile Transmittal Sheet		Date: ____/____/____	
To: <u>Wellmark Pharmacy Services</u>		From (Prescriber's Name): _____	
Fax Number: <u>(866) 884-4345</u>		Prescriber's DEA Number: _____	
Phone Number: <u>(800) 600-8065</u>		Prescriber's Phone Number: _____	
Prescriber's Specialty: _____		Prescriber's Fax Number: _____	
Prescriber's Office Address: _____			
Street	Suite #	City	State Zip
Patient Name: _____			
Patient ID: _____		Patient DOB: ____/____/____	

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: _____

ICD-9 Code: _____

2. Has the patient tried and failed ALL THREE over-the-counter (OTC) nonsedating antihistamines (Claritin or Claritin-D, Allegra or Allegra-D, **AND** Zyrtec or Zyrtec-D, or one of their generic equivalents) ? Yes No

3. Select all OTC medications that the patient has tried and failed (from the table below) and list reason for discontinuation:

Select	Drug Name	Reason for Discontinuation
<input type="checkbox"/>	Allegra (or generic)	
<input type="checkbox"/>	Allegra-D (or generic)	
<input type="checkbox"/>	Claritin (or generic)	
<input type="checkbox"/>	Claritin-D (or generic)	
<input type="checkbox"/>	Zyrtec (or generic)	
<input type="checkbox"/>	Zyrtec-D (or generic)	

4. Drug Name Requested: _____ Drug Strength: _____mg
Quantity per Day: _____ units
Directions: _____

Printed Name

Signature

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient, you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy this original fax message.