



Instructions

- Provide justification and supporting documentation for requested medication(s).
- Fax completed form to 1-866-213-6066.
- Questions, call BWC pharmacy department at 1-877-543-6446.

Injured worker information		Prescriber information	
Injured worker name		Prescriber name	
BWC claim number		Prescriber NPI	
Date of injury	Date of birth	Phone number	Fax number

Medication name and strength	Allowed ICD-10 code description (required)	ICD-10 Code

Prior authorization reason and justification

Select reason for prior authorization request:

- ☐ Prior authorization required for medication.
- ☐ Brand name drug (must document systemic allergic reaction or therapeutic failure of generic).
- ☐ Non-sterile compound (may be approved if commercially available formulary product is unavailable).
- ☐ Sterile pain pump compound (service date _____).
- ☐ Post-surgical medication request (surgery date _____).
- ☐ Opioids (must include supporting documentation per [OAC 4123-6-21.7](#)).

Justification – describe, with detail, how the requested medication(s) is related to the treatment of the work-related injury and allowed conditions. **Include recent office visit notes.**

Prescriber signature	Date
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