

ONLY the provider may complete this form. This form is for prospective, concurrent, and retrospective reviews.

<https://www.bcbstx.com/provider/medicaid/pharmacy/star-kids-prior-auth>

Today's Date:

PRESCRIBER/CLINIC INFORMATION

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Prescriber or Authorized Signature: _____ **Date:** _____

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

TOLL FREE

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