

# Prior Authorization Drug Request

**MMSI**  
4001 41st Street NW  
Rochester, Minnesota  
55901-8901

**MMSI Pharmacy Benefit Services**  
507-538-5767 (fax)  
507-538-5222 (fax)

**Routine**  
 **Urgent**

Patient Name		Date (Month DD, YYYY)	
Patient Insurance Identification Number		Birth Date (Month DD, YYYY)	
Requesting Physician Name (Print)		Fax Number	
Requesting Physician Signature		Signature Date	
Requesting Physician Fax Number		Requesting Physician Phone Number	
Primary Care Physician Name (Print)			
Diagnosis			
Medication Requested			
Dose and Duration of Therapy			
Reasons why Formulary Medication is not acceptable (e.g., patient has previously failed formulary drug treatment, etc., include medications used, dates and reasons for failure)			