



Washington State Department of  
**Labor & Industries**  
 PO Box 44291  
 Olympia WA 98504-4291

Phone: 888-443-6798 Fax: 360-902-6049

# Preferred Drug Line Prescription Authorization Request

## Pharmacy Information

Pharmacy Name/Business Name

Contact Name

Phone number at pharmacy

Fax number at pharmacy

## Worker Information

Worker name

Claim number

Prescribing provider name

Diagnosis

## Request Information

Drug Name:

Days Supply:

Quantity:

Date Filled:

Indication:

Alternative Tried:

Is the prescription for post-surgery?

No

Yes

Surgery Date: \_\_\_\_\_

Was this billed to L&I and rejected?

No

Yes

If yes, please give a brief description of rejection reason and date submitted.

## Authorization Response – You will receive a response by fax.

Your request has been authorized from \_\_\_\_\_ to \_\_\_\_\_.

Your request was referred to the claim manager. The claim manager will contact you within 48 hours.

Condition is not accepted.

Drug denied on claim.

Formulary alternatives have not been tried.

We were unable to authorize your request due to:

Completed By \_\_\_\_\_

Date \_\_\_\_\_

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