Ohio | Bureau of Workers' Compensation

Request for Prior Authorization of Medication

Instructions

- The prescriber should only complete this form.
- Please fax completed form to 866-213-6066.
- To speak with an SXC customer service representative, please call 877-615-6330.

Injured worker information	
Request date	BWC claim number
Injured worker name	
Injured worker date of injury	

Prescriber information	
Prescriber	Prescriber NPI
Prescriber phone	Prescriber fax number

Medication requested and conditions being treated (Required)

Medication name	ICD-9 code(s)	ICD-9 code description(s)
1.		
2.		
3.		
4.		

☐ Compound medication ingredients

☐ Brand name drug: The injured worker has a documented, systemic allergic reaction, which is consistent with known symptoms or clinical findings of a medication allergy and has tried other generic drug(s).

Post surgical medication request

Date of scheduled surgery

Justification for request (Required - attach separate sheet if needed.)

Please document how the medication(s) requested is/are related to the treatment of or the control of symptoms associated with the allowed conditions in the claim.

Prescriber signature (required)	Signature date