

MEDICATION REQUESTED:

*The submission of this form does not guarantee approval and coverage of the medication.
This form allows the pharmacy benefit manager to review the use of the medication for coverage. Documentation is required.*

PATIENT INFORMATION:

Date:	Client ID:	Call Log ID:
Patient Name:	DOB:	Patient ID:
Physician Name:	Specialty:	
Physician Phone:	Physician Fax:	

PHYSICIAN USE ONLY:

Dose:	Quantity:	Day Supply:	Expected Duration of Therapy:	Weight: _____ KG / LB (circle)
				Height: _____ CM / IN (circle)
Directions:				

Specify Diagnosis: _____ **List Diagnosis Codes:** _____

All Requests:

- Are the dose, quantity, day supply, and expected duration of therapy completed above? YES NO
- Is the medication being administered in a physician's office, clinic, or hospital? YES NO
- Is this being prescribed by or in consultation with a specialist? YES NO
- Is the request for new or existing therapy? EXISTING NEW
- Has the patient tried and failed other treatments for this diagnosis? YES NO
- If YES, please list: _____
- Does the patient have any contraindications to the prescribed medication? YES NO
- If female, is the patient pregnant, planning to become pregnant, or nursing? N/A YES NO
- Is the regimen **above** the FDA approved dosing? YES NO
- If YES, please provide rationale: _____
- _____
- Is the indication **not** FDA approved? YES NO
- If YES, please provide rationale: _____
- _____

Must attach copies of lab work and chart notes as appropriate.

CURRENT THERAPY:

Medication(s)/Dose/Duration/Date

FAILED THERAPY:

Medication(s)/Dose/Duration/Date

ADDITIONAL NOTES: _____

Prescriber Signature: _____ Prescriber NPI: _____
 Print Name: _____ Date: _____

The prescribing physician will need to complete this form and fax it, along with supporting documentation (charts/labs/etc.), back to BeneCard PBF at 888-830-9450 . Only a completed form will be considered for review.

This form is for the purpose of obtaining new or continued prescription treatment for the above member. Release of information via this form does not require member authorization. BeneCard PBF maintains strict adherence to the protection of member personally identifiable protected health information (PHI) under the HIPAA Act of 1996.