



Specialty Medication Request Form

Please FAX responses to: (800) 869-7791

Phone: (855) 322-4082, Options 0,1,2,3

Patient Information

First Name:	MI:	Last Name:	DOB:	Sex:	Member ID:
Street Address (include unit #):			City:	State:	Zipcode:
Daytime Phone:	Evening Phone:		Best Time to Contact:		
Emergency Contact Name, Relationship and Phone:					

Physician Information

Physician Name:	Specialty:	NPI or DEA:			
Street Address (include unit #):		City:	State:	Zipcode:	
Phone (include extension):			Secure Fax #:		

Medical Assessment

For new and re-authorization requests attach current notes and related clinical information

Diagnosis:

Prescription Information

Write prescription below or attach

Drug Name, Strength and Directions:	
Number of Refills (duration):	
Physician Signature (required for processing): X	Date:

Shipment Information

Ship to (use address above)

<input type="checkbox"/> Patient Home		
<input type="checkbox"/> Physician Office		
<input type="checkbox"/> Other Address (Physical Address only, no PO Boxes)		
Street Address (include unit #):		
City:	State:	Zipcode:

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