

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
 3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescriber Name: _____ NPI #: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 7. Requester Contact Information: _____
 Name: _____ Phone #: _____ Fax #: _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
 11. Length of Therapy: ___ up to 30 days ___ 60 days ___ 90 days ___ 120 days ___ 180 days ___ 365 days ___ Other: _____

Clinical Information

Preferred Products:

1. Is the requested quantity for more than 6 pens per 180 days? Yes ___ No ___
 2. Prescriber, please submit reasoning for medical necessity of the quantity limit exceeding the allowable maximum of six (6) pens. _____

Non-Preferred Products:

1. ___ Failed two preferred drug(s). If only one preferred drug is available, then failed one preferred drug.
 List preferred drugs failed: _____
 1a. ___ Allergic reaction 1b. ___ Drug-to-drug interaction. Please describe reaction: _____

 2. ___ Previous episode of an unacceptable side effect or therapeutic failure. Please provide clinical information: _____

 3. ___ Clinical contraindication, co-morbidity, or unique patient circumstance as a contraindication to preferred drug(s).
 Please provide clinical information: _____
 4. ___ Age specific indications. Please give patient age and explain: _____

 5. ___ Unique clinical indication supported by FDA approval or peer reviewed literature. Please explain and provide a general reference: _____
 6. ___ Unacceptable clinical risk associated with therapeutic change. Please explain: _____

 7. Is the requested quantity for more than 6 pens per 180 days? Yes ___ No ___
 8. Prescriber, please submit reasoning for medical necessity of the quantity limit exceeding the allowable maximum of six (6) pens. _____

Signature of Prescriber: _____ Date: _____

***Prescriber signature mandatory**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.