



Duplicate Therapy / Ingredient - Claim Reject

For On-Going Requests

- 1. Two or more dosages of same medication are required for total dose
- 2. Different doses of same medication are required on different days of therapy
- 3. Multiple medications are required from same Therapeutic Class

For One-Time Requests

- 1. Change of Therapy required (Addition or change in dose, dosage schedule, or product)
- 2. Lost, stolen or destroyed medication
- 3. Extended Travel

Member Information

Relationship (Circle)

Name _____

Subscriber Spouse Dependent

Enrollment / Cardholder ID _____

Gender (Circle)

Group / Plan _____

Male Female

Birth date _____

AGE: _____

Address: _____

City State Zip _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

Fax () - _____

Email _____ @ _____

Requested Drug / Pharmaceutical

Strength / Dose

Duration of Therapy (Expected)

Condition / Diagnosis Related - Reason for Request

Type of Request (Circle)

One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Contact Pharmacy? Y N

Pharmacy Phone Number

Formulary Alternative(s) Attempted YES NO (Circle)

Practitioner Signature