

CONTAINS CONFIDENTIAL PATIENT INFORMATION
Non Formulary Exceptions &
Multi-Source Brand Medications
Prior Authorization of Benefits (PAB) Form
 Complete form in its entirety and fax to:
 Prior Authorization of Benefits Center at (800) 601- 4829

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Patient Name: _____	Prescribing Physician: _____
Patient ID #: _____	Physician Address: _____
Patient DOB: _____	Physician Phone #: _____
Date of Rx: _____	Physician Fax #: _____
Patient Phone #: _____	Physician Specialty: _____
Patient Email Address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician Email Address: _____

3. MEDICATION

4. STRENGTH

5. DIRECTIONS

6. QUANTITY PER 30 DAYS

_____	_____	_____	Specify: _____
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7. DIAGNOSIS: _____

8 APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Non Formulary Exceptions:

- Yes No Patient has previously tried and failed 2 (two) preferred products: One of which is in the same specific drug class; the other product has the same indication as the product requested
If yes, please indicate trials below
- Yes No For combination products: patient has tried 2 (two) preferred products: One of which is in the same specific class as at least one ingredient in the requested medication
If yes, please indicate trials below
- Yes No For non-preferred antibiotics/ anti-virals/ anti-fungals: patient has tried and failed on preferred antibiotic/ anti-viral/ anti-fungal product within the same route of administration
If yes, please indicate trial below
- Yes No Patient has a documented drug interaction
- Yes No Patient has documented adverse drug experiences (side effects, adverse drug reaction)

Product 1: _____	Dates Tried: _____
Product 2: _____	Dates Tried: _____

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PATIENT NAME: _____ PATIENT ID #: _____

Multi-Source Brand Medications:

- Yes No Patient has failed an adequate trial of a chemically equivalent generic agent, by 2 different manufacturers (when available by at least 2 manufacturers)
- Yes No Generics have inadequate response
- Yes No Generics caused adverse outcome
- Yes No The patient has a genuine allergic reaction to an **inactive** ingredient in generic agent(s). Allergic reaction(s) must be clearly documented in the patient's medical record.

Note: GI upset or irritation is not generally considered an allergy or failed treatment. Patients should be referred to their physician or pharmacist for advice on dose adjustment, and/or other options to reduce GI upset/irritation. Common documented side effects attributed to the drug (i.e. headache, nausea, blurred vision, fatigue, muscle aches) are not considered an allergy and would be expected to occur at the same level in both the generic and brand agent.

9 PHYSICIAN SIGNATURE

Prescriber or Authorized Signature

Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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