



P.O. Box 200354
Pittsburgh, PA 15251-0354
1-866-578-6337



PRESBYTERIAN

SPECIALTY DRUG REQUEST FAX FORM

Please fax completed form to our Pharmacy Services Department at
(505) 923-5540 or 1-800-724-6953.

For help with this form, please call (505) 923-5757 or toll-free 1-888-923-5757 (option 3).

PATIENT INFORMATION

Patient Name (First):		Last:	Initial:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Patient Address:		City:	State:	ZIP:
Daytime Phone:	Evening Phone:	Cell Phone:	Primary Language:	

INSURANCE INFORMATION

Member ID Number:	Social Security Number:	DOB (mm/dd/yy):
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PRESCRIPTION INFORMATION

Drug:	Quantity:	JCODE:
Sig:		Refills
ICD-9 Code:	Diagnosis:	

PRESCRIBER INFORMATION

Physician Name (please print):	Signature:	
Specialty:	NPI/DEA#	
Address (include all Suite, Building Numbers, etc.):		
Office Staff Contact Name:	Phone Number (include ext):	FAX Number :

SHIPPING INFORMATION

Date Needed _____		
<input type="checkbox"/> Physicians office	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Member Home address		
PRESBYTERIAN PHARMACY SERVICES USE ONLY	<input type="checkbox"/> Medical <input type="checkbox"/> PBM	Prior Authorization Number:
<input type="checkbox"/> ASO _____ <input type="checkbox"/> COMM <input type="checkbox"/> MCAID _____ <input type="checkbox"/> PIC <input type="checkbox"/> SRCARE _____	Group	
<input type="checkbox"/> Approved	Comments:	Date:
<input type="checkbox"/> Denied	Comments:	Date:
Pharmacist Signature:	Medical Director Signature:	

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