

**Prior Authorization Required  
Non-Formulary Issue**

\_\_\_\_\_ **MD Office/Name**

\_\_\_\_\_ **MD Fax #**

**To expedite patient care, please respond by faxing or calling pharmacy  
when prior authorization is received.**

Please change medication as noted in comments.

<b>Pharmacy Contact Information</b>
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RX Insurance: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

RX Insurance Phone #: \_\_\_\_\_

Pharmacy screen print attached: Yes  No

<b>RX LABEL</b>
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**Prescriber Response: (Check one)**

Prior Authorization obtained

Prior Authorization pending

If applicable, Prior Auth. # : \_\_\_\_\_

**Please fax or call this prescription change to the pharmacy directly.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_