

Practitioner Information (Required)

Last name/first name: _____ NPI: _____

Office fax number: _____ Office phone number: _____

1. What is the diagnosis (including ICD-10 codes)?

2. Is this exception for a new start or a continuation of care?

New start Continuation of care

3. Has the patient tried any other medications for this diagnosis?

Yes No

4. Please list any previous or current drugs related to the patient's medical condition, including dates. You may attach a list if needed.

Please include all pertinent medical records, office notes or test results with this form. You can find all the required criteria at this link: client.formularynavigator.com/Search.aspx?siteCode=7323916982

Additional comments:

Provider (or authorized) signature: _____ Date: _____ / _____ / _____
MM DD YYYY