



SPECIALTY PHARMACY FORM

Contact Provider Customer Service for additional information.

The telephone number is located on the back of the member's ID card.

This form should be completed by the physician and/or the physician's staff.

Form sections: Patient Information, Physician Information, Statement of Medical Necessity, Prescription Information, Ancillary Supplies As Needed for Infection. Includes fields for contract numbers, names, addresses, phone numbers, and checkboxes for allergies and program enrollment.

*International Classification of Diseases – Ninth Revision (ICD-9)

I certify this information is complete and correct to the best of my knowledge. Signature Title Date