



## INSTRUCTIONS FOR COMPLETING THIS FORM

1. Submit a separate form for each medication.
2. Complete **ALL** information on the form.  
**NOTE:** *The prescribing physician (PCP or Specialist) should, in most cases, complete the form.*
3. Please provide the physician address as it is required for physician notification.
4. Fax the **completed** form and all clinical documentation to **1-866-240-8123**

Or mail the form to: **Clinical Services,  
120 Fifth Avenue, MC PAPHM-043B, Pittsburgh, PA 15222**