

Please complete this entire form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826**.
This form contains multiple pages. Please complete all pages to avoid a delay in our decision.
Allow at least 24 hours for review.

Section A – Member Information

First Name:	Last Name:	Member ID:
Address:		
City:	State:	ZIP Code:
Phone:	DOB:	Allergies:
Primary Insurance:	Policy #:	Group #:

Is the requested medication New or Continuation of Therapy? If continuation, list start date: _____
 Is this patient currently hospitalized? Yes No If recently discharged, list discharge date: _____

Section B - Physician Information

First Name:	Last Name:		M.D./D.O.
Address:	City:	State:	ZIP code:
Phone:	Fax:	NPI #:	Specialty:
Office Contact Name / Fax attention to:			

Section C - Medical Information: (For compound medications, section 1a MUST be completed on next page)

Medication:	Strength:
Directions for use:	Quantity:
Diagnosis (Please be specific & provide as much information as possible):	ICD-10 CODE:
Is this member pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is this member's due date? _____	

Section D – Previous Medication Trials

Medications	Strength	Directions	Dates of Therapy	Reason for failure / discontinuation

Section E – Additional information about this case, if any:

1. Clinical and Drug Specific Information

- What is the compound dosage form being requested?
 Capsule Oral Liquid Topical Cream/Ointment Suppository Other, specify: _____

**1a. Compound information
(all fields should be completed to avoid denial or cancelation of your request)**

Name of each ingredient in compound (include all drugs <i>and</i> fillers)	NDC of Ingredient	Amount to be dispensed
1.		
2.		
3.		
4.		
5.		
6.		

- If a similar commercially available product exists, is there a reason that the patient cannot use that? Yes No
 If yes, please explain: _____

- Is the patient unable to swallow tablets or capsules? Yes No
 Details: _____

Physician Signature: _____ **Date:** _____

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Website: uhcommunityplan.com