

Complete and **fax** all requested information below to Highmark Health Options Pharmacy Services at **1-855-476-4158**. **Questions and concerns?** Call Pharmacy Services at **1-844-325-6251**, Monday–Friday, 8 a.m. to 7 p.m.

| Member Information | | |
|--------------------|----------------------|---------------|
| Member Name | Date of Birth | |
| Member ID | Weight | Height |

| Requested Drug | |
|--|-------------------------|
| Medication | NDC |
| Dose and Frequency | |
| Diagnosis | IDC 10 Code |
| Therapy Start Date | Therapy End Date |
| Admin Type (pump, gravity, injection, etc.) | |
| If administered via pump, is the pump implanted or external? | |
| Is the drug being obtained through a pharmacy or through the medical benefit? | |
| <input type="checkbox"/> Pharmacy Name and Phone Number <input type="checkbox"/> Medical (“buy and bill”) JCODE | |

| Prescriber Information | |
|---------------------------|-------------------------|
| Prescriber Name | NPI |
| Contact Person | Contact Phone |
| Prescriber Address | Prescriber Phone |
| | Prescriber Fax |

| Prescriber Signature | Date |
|----------------------|------|
| | |