



CONTAINS CONFIDENTIAL PATIENT INFORMATION
Duplicate Therapy Edit Override Prior Authorization of Benefits
(PAB) Form Complete form in its entirety and fax to:
Prior Authorization of Benefits Center at 1-844-512-9004
Provider Help Desk 1-800-454-3730

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Form with two columns: Patient Information (Name, ID, DOB, Date of Rx, Phone, Email) and Physician Information (Prescribing Physician, Address, Phone, Fax, Specialty, DEA, NPI, Email Address).

A prior authorization is required for duplicate therapy for designated therapeutic classes.

3. MEDICATION

Medications:

Drug Name & Strength \_\_\_\_\_ Dosing Instructions \_\_\_\_\_

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Drug Name & Strength \_\_\_\_\_ Dosing Instructions \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medical Necessity for concurrent therapy: \_\_\_\_\_

Anticipated length of concurrent therapy: \_\_\_\_\_

Reason for use of non-preferred drug requiring prior approval: \_\_\_\_\_

Other medical conditions to consider: \_\_\_\_\_



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**Patient Name:** \_\_\_\_\_ **Patient ID#:** \_\_\_\_\_

**4. PHYSICIANSIGNATURE**

_____ Prescriber or Authorized Signature	_____ Date
<i>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.</i>	
<i>Note: Payment is subject to member eligibility. Authorization does not guarantee payment.</i>	
The document(s) accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.	