Phoenix PBM manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the questions below and fax this form back to **888.835.3383**. Please note any information left blank or illegible could delay the review process. Please attach any clinical notes and supporting documentation with this completed form. You can also find our PA forms at https://www.phoenixpbm.com/about/resources/

# MEDICATION REVIEW FORM

Member Name:

Provider Name:

ID Number:

Provider NPI:

Rx GRP:

Provider Phone:

Date of Birth:

Provider Fax:

Patient's Phone Number:

Diagnosis:

Medication Name, Dosage and Directions:

Please answer the following questions:
Is this a current medication? If yes, how long has the patient been taking? Any side effects? Behavioral changes?

List all medications the patient has tried in the past to treat this condition with reasoning as to why they were discontinued:

Please provide the following information for the patient:

Weight

Blood Pressure

BMI:

Heart Rate

Respiratory Rate

Diabetic Medications please fill out and send supporting clinical documentation:

A1C prior to medications:

Current A1C:

Physician's Signature:

Date:

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