

CareLink

 University Health System

Phone: 358-3224 Fax: 358-3274

Request Form for Non-Subsidized and Non-Formulary Medications

PROVIDERS: Payment for prescriptions requiring pre-authorization is contingent upon verification of current eligibility and applicable formulary specifications and availability at the time of services. Please allow two business days for processing. Incomplete requests may require additional time for review.

Patient: _____ DOB: _____ Date of Request: _____
MRN#: _____ Diagnoses: _____
Requesting Prescriber: _____ Dept: _____
Provider Ext/Pager: _____ Provider Fax#: _____
Medication Requested: _____ Dosage Strength: _____
Frequency: _____ Estimated Length of Therapy: _____
Pharmacy Location: (circle one) UH UHC-D UFHC-SE UFHC-SW UCCH
Reason for Non-Subsidized Medication: _____

Previous Medications Used for this Diagnosis: (indicate any problems w/previous Rx): _____

Medication Allergies: _____

DO NOT WRITE BELOW THIS LINE. CARELINK USE ONLY.

Patient CareLink Eligible: Yes / No Enrollment Expiration Date: _____

Enrollment in Good Standing: Yes / No If No, Reason: _____

Requesting Prescriber Notified: Yes / No

Literature Sent to Prescriber: Yes / No

Action Taken: _____

Pended: _____ Lacks additional medical information

_____ Lacks NSAID assessment form

_____ Other _____

Denied, Reason: _____

Alternate Resources Available. Specify: _____

Approved (CareLink subsidization) _____

Date: _____

Approval Signature

This form is intended for provider use only; it should not be distributed to patients.