



CONTAINS CONFIDENTIAL PATIENT INFORMATION

# DexPak

Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:

Prior Authorization of Benefits Center at 844-474-3341.

**1. Patient information**

**2. Physician information**

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

**3. Medication**

**4. Strength**

**5. Directions**

**6. Quantity per 30 days**

DexPak			Specify:
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**7. Diagnosis**

**8. Approval criteria:** Item (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Yes  No Has the patient tried and failed a preferred agent(s) in the previous 30 days?

If yes, please indicate which agent(s): \_\_\_\_\_

**The preferred agents are as follows: generic budesonide EC capsules; generic dexamethasone tablets, solution; generic hydrocortisone tablets; generic methylprednisolone 4mg Dosepack; generic prednisolone solution; generic prednisolone sodium phosphate 25mg/5mL solution; Prednisone tablets, solution; Veripred**

**9. Physician signature**

_____ Prescriber or authorized signature	_____ Date
<p><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></p> <p>Note: Payment is subject to member eligibility. Authorization does not guarantee payment.</p>	
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