



Please fax completed form to Pharmacy Customer Service. Fax: 601-664-5003 / Phone: 1-800-551-5258 or 601-664-4998

*For Mississippi State and School Employees' Health Insurance Plan members, contact Catalyst Rx at 1-866-757-7839.
For Federal employees, contact Medco at 1-800-262-7890 for mail-order or Caremark at 1-877-727-3784 for retail pharmacy.
Blue Cross & Blue Shield of Mississippi does not provide pharmacy management to these members.*

Patient Information

Name		Home Phone	Alternate Phone	
Address		City	State	Zip Code
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth		
Alternate Contact		Relationship	Home Phone	Alternate Phone

Insurance Information

Primary Insurance	Secondary Insurance
Identification Number	Identification Number
Subscriber Name	Subscriber Name
Relationship to Patient	Relationship to Patient

Prescriber Information

Prescriber Name		Phone	Fax
Office Contact Name			
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
DEA Number	License Number	NPI	

Diagnosis and Clinical Information

Primary ICD-9	Secondary ICD-9
<p>Medical Justification for Initiation or Continuation of therapy: (additional information may be attached if necessary)</p>	

Prescription Information

Prescription Type: New Start Continued Tx

Medication Requested: _____ Dose: _____
Quantity: _____

Sig: _____ Expected Duration of Therapy: _____

I certify that this therapy is necessary for this patient, and I will be supervising the patient's treatment accordingly. I acknowledge by signing this form that the information contained within is correct, and I also acknowledge that my records are subject to audit by Blue Cross & Blue Shield of Mississippi.

Prescriber Original Signature* Date

Approved _____ Denied _____

**This form cannot be processed without prescriber's signature.*