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REQUEST FOR MULTI-SOURCE BRAND DRUG DUE TO ADVERSE EFFECTS OR INEFFECTIVENESS OF GENERIC

Note to prescribing physician: It is very important that physicians prescribe generic drugs whenever possible. Most FDA-approved generics are bioequivalent and therapeutically equivalent to the brand name drug. This request form is only to be used if your patient has experienced an adverse medical reaction to the generic drug or if you can document that your patient has had better medical results when taking the multi-source brand drug, as opposed to its generic.

<p style="text-align: center;"><u>PATIENT INFORMATION</u></p> <p>Full Name: _____</p> <p>Medicaid ID#: _____</p> <p>Date of Birth: _____</p> <p>SSN: _____</p> <p>Sex: Female Male</p> <p>Weight: _____ lbs.</p>	<p style="text-align: center;"><u>PRESCRIBING PHYSICIAN</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p> <p>Profession/Occupation: _____</p> <p>Signature: _____</p>
<p style="text-align: center;"><u>GENERIC PRODUCT</u></p> <p style="text-align: center;">(Give labeled strength & mfr/labeler, if known)</p> <p>Name: _____</p> <p>Manufacturer: _____</p> <p>NDC#: _____</p> <p>Strength: _____</p> <p>Dose, Frequency & Route Used: _____</p> <p>Therapy Dates (if unknown, give duration) from/to (or best estimate): _____</p> <p>Diagnosis for Use (Indication): _____</p>	<p style="text-align: center;"><u>REQUESTED BRAND PRODUCT</u></p> <p style="text-align: center;">(Give labeled strength & mfr/labeler, if known)</p> <p>Name: _____</p> <p>Manufacturer: _____</p> <p>NDC#: _____</p> <p>Strength: _____</p> <p>Dose, Frequency & Route Used: _____</p> <p>Diagnosis for Use (Indication): _____</p>
<p style="text-align: center;"><u>ADVERSE EVENT</u></p> <p>Describe event or problem with generic: _____</p> <p style="text-align: center;">(ATTACH ADDITIONAL INFORMATION, IF NECESSARY)</p>	<p style="text-align: center;"><u>BENEFITS OF BRAND PRODUCT</u></p> <p>Describe how brand drug will alleviate problem: _____</p> <p style="text-align: center;">(ATTACH ADDITIONAL INFORMATION, IF NECESSARY)</p>

Disclaimer:

This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.