

**Section 1 – Pharmacy Information**

Pharmacy Name
Telephone
Fax
Provider ID Number

**Section 2 – Patient Information**

Patient Last Name
Patient First Name
Plan Identification Number
Date of Birth (DD/MM/YYYY)

**Section 3 – Rationale For Frequent Dispensing**

For pharmacies to be eligible for more than one dispensing fee every 28 days for drugs dispensed in a 7 to 27 days' supply, confirm which of the following criteria the patient meets by checking the applicable boxes below.

**Required:**

- The patient's drug therapy cannot be managed when dispensed as a 28-day supply

**At least one of the following patient factors is required:**

- Risk of drug misuse, abuse, or diversion
- Failed to comply with a drug regimen dispensed in a 28-day compliance package due to cognitive impairment, mental disability, psychiatric illness, or physical disability
- No fixed address and are susceptible to theft or loss of belongings
- Requires frequent laboratory tests for therapeutic drug monitoring (e.g., clozapine)

Note: Patients living in nursing homes, adult residential facilities, and correctional facilities are not eligible for additional dispensing fees regardless if daily, weekly or other more frequent dispensing was prescribed or requested.

**Section 4 – Drugs**

List the drug name and strength below or attach a signed and dated list.


**Section 5 – Pharmacist Signature**

Signature	Date (DD/MM/YYYY)
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