

PO Box 2347

York, PA 17405

Phone: (717) 851-6800 or (800) 842-1768 Fax: (717) 851-6798

www.wellspanpophealth.org



Population Health Services

Pharmacy Review Form

Referral Priority: ☐ Urgent ☐ Routine

In order to be considered an urgent request, the provider must provide an explanation. If no explanation is provided, or the explanation does not meet NCQA's definition of urgent, the referral will be prioritized as routine.

Explanation for Urgent Request: _____

Please refer to the [WellSpan Population Health Services website](http://www.wellspanpophealth.org) for NCQA's full definition of "Urgent" for both referrals and appeals

Date: _____

Patient's ID#: _____

Name of Patient: _____

DOB of Patient: __/__/____

Ordering Physician's Name: _____

Ordering Physician's Phone Number: _____ Fax Number: _____

Medication and dosage: _____

Frequency: _____ Quantity: _____ Diagnosis code(s): _____

How long has the patient been using this drug or is it a new prescription? _____

Medication to be obtained from a Pharmacy? _____ **OR** Buy and Bill? _____

Name and Phone Number of the person to contact with the outcome of the review: _____

FAX the form back along with the following information:

- Clinical information from the last two office visits AND
- Any clinical information pertaining to the prescribed medication; if appropriate alternative drugs tried and failed with reasoning

**** FAX to 717-851-6798 **"Attention: Pharmacy Review"*****