

PEER-TO-PEER REQUEST FORM

Please send the completed Peer-to-Peer form and any additional information to
 RxAdvance by fax:
508-452-0076 for standard requests
508-452-6421 for expedited requests

Note: Please provide as much information as possible on this form. Missing data may cause processing delays. Attach additional sheets to this form if necessary. Member must be eligible at the time services are rendered. Services must be a covered health plan benefit and medically necessary as per plan policy and procedures.

Patient Information	
Patient Name	
Patient Health Plan	
Patient Member ID #	
Patient Date of Birth (MM/DD/YYYY)	
Patient Phone	

Prescriber Information	
Prescriber Name	
Prescriber Address	
Prescriber Phone	
Prescriber Fax	
Prescriber Specialty	
Prescriber DEA #	
Prescriber NPI #	

Prior Authorization Information	
Prior Authorization Number # (i.e. Request ID)	
Drug Name & Strength	
Diagnosis & Diagnosis Code(s) (ICD-10 Standard Codes)	
Additional Clinical Information or History Please include any relevant test results and/or medical record notes.	

Scheduling a Peer-to-Peer Request

RxAdvance will be available to schedule a Peer-to-Peer Monday through Friday from 8 am to 8 pm EST, excluding holidays.

Please provide three (3) suggested dates and times you are available for a Peer-to-Peer:

First Date & Time	Second Date & Time	Third Date & Time

Information About the Request

Date of Request (MM/DD/YYYY)	
Name of Person Submitting Request (if different than prescriber)	
Telephone # for Person Submitting Request (if different than prescriber)	