

PRIORITY REVIEW*
FACSIMILE COVER SHEET

DATE: _____

Please deliver the following documents to:

Name: Pharmaceutical Services
Location: Belvedere Building
Fax: 729-2851

From: _____
Location: _____
Fax: _____
Phone: _____

NEW REQUESTS FOR:

- _____ Plavix, Aggrenox (for stroke)
- _____ Plavix (post Acute Coronary Syndrome, and post intra-coronary insertion)
- _____ Antibiotics (eg. Avelox, Levaquin, Zyvoxam, Zithromax, Ciprodex etc)
- _____ Lovenox/Fragmin/Innohep (treatment of DVT/PE) or Xarelto (prevention of DVT/PE)
- _____ PPI for GI Bleeds
- _____ Cancer Pain Medications (eg. Hydromorph Contin, Duragesic, Neurontin, Codeine Contin, etc.)
- _____ Cancer Therapy Agents (eg. Arimidex, Aromasin, Femara, Gleevec, Revlimid, Neupogen)
- _____ Cancer Anti-Emetics (Zofran, Kytril, Anzemet, and Emend)
- _____ Epipen, Epipen Jr and Twinject
- _____ Pulmonary Hypertension Treatment (eg. Revatio, Tracleer and Flolan)
- _____ Dosage changes, brand changes for the above agents, and **urgent requests** assessed previously but for which we had requested additional information.

*** A Special Authorization request with the appropriate information is still necessary. Please note that Renewal requests are not processed as urgent requests.**

Confidentiality Warning

The documents accompanying this transmission contain information for a specific individual and purpose. The information is private. If you are the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reference to the contents of these documents is strictly prohibited. If you have received this communication in error, please notify us immediately and return the original to us by mail.

Total Number of Pages (Including Cover Page): _____