

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 a pharmacy to be eligible for more than one quarter (¼) of a dispensing fee every 7 days for drugs dispensed in a 1 to 6 days' supply, confirm which of the following criteria the patient meets by checking the applicable boxes below.

Required:

- The drug is a narcotic, controlled drug, benzodiazepine or targeted substance, anticonvulsant, antidepressant, antimanic agent, antipsychotic or hypnotic
- The patient's drug therapy cannot be managed when dispensed as a 7-day supply

At least one of the following patient factors is required:

- Risk of intentional overdose
- History of drug misuse, abuse, or diversion
- Severe cognitive impairment, severe mental disability, severe psychiatric illness or severe physical disability

Note: Patients living in nursing homes, licensed 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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Completed forms must be retained on file by the pharmacy and readily available for audit purposes. This form is valid for six months.