



## COMPOUNDED MEDICATION PRIOR AUTHORIZATION REQUEST FORM

Fax completed form with copy of prescription to Physicians Plus Pharmacy Services at (608) 327-0324

<b>MEMBER NAME:</b>	<b>MEMBER ID#:</b>
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### COMPOUND INGREDIENTS AND COST

	Ingredient 1	Ingredient 2	Ingredient 3	Ingredient 4
Drug Name				
NDC				
Metric Quantity (e.g. mL or Gms)				
Ingredient Cost	\$	\$	\$	\$
<b>Total Ingredient Cost (Requested)</b>	<b>\$</b>			

\*Compounded hormonal products (estrogen and progesterone) are excluded under certain plans

#### COMPOUNDING FEE CALCULATION

Total Compound Time (rounded to 15 minute increments)	MIN
Fee per Hour	\$
<b>Total Compounding Fee (Requested)</b>	<b>\$</b>

#### TOTAL REIMBURSEMENT CALCULATION

TOTAL INGREDIENT COST (requested)	\$
+ TOTAL COMPOUNDING FEE (requested)	+ \$
<b>TOTAL REIMBURSEMENT (Requested)</b>	<b>\$</b>

### Pharmacy and Prescription Information

Pharmacy Name:	Pharmacy Address:
Pharmacy Phone:	Pharmacy Fax:
Pharmacy NPI Number:	Prescriber Name/Phone Number:
Number of Refills:	Person Making This Request (please print):
Pharmacist Signature:	Request Date:

#### **Mailing Address**

Physicians Plus Insurance Corporation  
 Attn: Pharmacy Services  
 P.O. Box 2078  
 Madison, WI 53701-2078

#### **Physicians Plus Pharmacy Services**

Fax: (608) 327-0324  
 Voice: (608) 260-7803 or (800) 545-5015  
 Email: [pharmacyinfo@ppplusic.com](mailto:pharmacyinfo@ppplusic.com)