

**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, 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) _____ |
|-----------------|-------------------------|

Completed forms must be retained on file by the pharmacy and readily available for audit purposes. This form is valid for six months.