



### PEP Starter Pack Justification Form

For all patients that are prescribed a PEP starter pack, you will need to document the reason for doing so. Please indicate this by checking the reason(s) below that best describes the patient's circumstances. Provide all required proof and explanations as requested.

**Delay with the PAP from the drug company.**

a. Indicate which drug(s) was affected by the PAP delay.

b. Indicate the reason for the delay.

c. Include proof of this delay (*email from the drug company's patient assistance program, etc.*)

**Patient needs a referral or prior authorization to get the rest of the medication.**

Include a copy of the insurance card with the primary medical provider and any documentation from the pharmacy indicating that prior approval is required.

**Patient arrived too late in the day to initiate the PAP.**

This must be documented with a note in the medical record, such as when the patient had contact with the front office staff, when registration documents were started, etc. Include a time stamp if possible.

**Patient was unable to pick up one of the prescribed medications.**

Explain why the patient was unable to pick up the prescribed medication.

**Patient's pharmacy did not have the medication in stock and needed to be ordered.**

Name of pharmacy (must be included): \_\_\_\_\_

**If a starter pack is given, you must submit this form to DHSP along with the billing invoice for the month that it is prescribed. Submit one form for each starter pack that is prescribed. Please note that if a starter pack is prescribed and is not accompanied by this form DHSP will deny the claim.**

Person completing this form:

\_\_\_\_\_

Print name:

\_\_\_\_\_

Signature

Prescribing Provider:

\_\_\_\_\_

Print name:

\_\_\_\_\_

Signature