2023/08/03 15:34:50 1 /

Wedgheens

Prior Authorization Needed

111 N BOWMAN RD LITTLE ROCK, AR 722112783 Tel: 501-225-0703 Fax: 501-217-4074

Date: 08/03/2023 Time: 3:32 PM

Prescriber Information:

Physician: SIKANDAR MURAD Phone: 501-291-2322
Address: 802 N UNIVERSITY AVE Fax: 888-388-5166

LITTLE ROCK, AR 722052920 DEA #: BM9292993

Patient Information:

Patient: MUHAMMAD HABIB Birth Date: 09/14/1984

Address: 13500 CHENAL PKWY APT 2207 Med Record #:

LITTLE ROCK, AR 722115308 Phone: 773-829-7070

Prescription Information:

Rx Number: 4018518-05993 Requested P/U Time: 08/03/2023 03:56PM

Drug: HUMALOG 100 U/ML KWIK PEN INJ 3ML Qty: 15

Generic For:

Last Refill: 08/03/2023

Sig: INJECT 10 UNITS INTO THIGH, UPPER

ARM, OR ABDOMEN BEFORE EACH MEAL.

ALTERNATE SITES USED TO INJECT

Message:

Plan does not cover this medication. Please call plan at (800) 3646331 to initiate prior authorization or call/fax pharmacy to change medication. Patient ID # is U9745404801.

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at:

501-217-4074

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