

Request to Add a Psychotropic Medication to BASIS 6.0

SUBMISSION PROCEDURES

Either print off this form or save it to your hard drive. To save, use a memorable name that indicates that it is the blank form, such as, "BASIS Med Form Blank." If you print it, complete it by hand using black ink. PLEASE PRINT LEGIBLY! Complete all fields. Fax it to the number indicated below.

If you save it, you can complete it electronically. When completed, save it with a different name than the original blank form. You can then email it as an attachment to the address given below. You can also print the completed form and fax it.

Submit one form for each medication. Only BASIS Contacts or their Designees should submit requests.

Fax to: 785-368-6228

Today's DATE:

CDDO Information

Name:

Number:

BASIS CONTACT (or DESIGNEE) Information

Name:

Phone Number:

Fax Number:

Email Address :

PHARMACY Information

Name:

Phone Number:

DRUG Information

Brand Name:

Generic Name:

Primary Reason:

Must be
BEHAVIORAL
and
SPECIFIC

HCP use only: