

Part D Drug List Shopping Form (Not for Part B or OTC)

Client Name: _____

LIST YOUR
PREFERRED PHARMACY
FULL NAME + ZIP CODES:

- I have no pharmacy preference I must have certain brand name drugs as indicated
 Will go to what ever pharmacy is best I prefer to use mail order Use generics where available

IMPORTANT NOTES:

If RX is not a pill— In the last column indicate TUBE, VIAL, PEN, CANISTER, PATCH, BOTTLE, SOLUTION, CREAM, GEL, LOTION, BOX, etc. Note exact dosage: gm, mg, etc. Take info off your prescription including all verbiage (er, X1). If you don't take 1 a day, please note how you normally refill each med, such as "1 inhaler every 3 months." Your choices are: every month, once every 2 months, every 3 months, every 6 months or once every 12 months.

Type or Print Clearly

Please note: "AS NEEDED" IS NOT AN OPTION

Note any RX you already have an exception for

Print exact precise name of drug	# taken per	Day/Week/Mo	Dosage/mg-etc.	How filled? (30/month)	Check one:	Other Comments
Insulin Lispro Pen 100 Units/ML (Example)	3 Injections	Day	17 Units	5Pack / 3ML Pen / Mo	<input type="checkbox"/> Brand Name <input checked="" type="checkbox"/> Generic	For Humalog Pen
Print exact precise name of drug	# taken per	Day/Week/Mo	Dosage/mg-etc.	How filled? (30/month)	Check one: <input type="checkbox"/> Brand Name <input type="checkbox"/> Generic	Other Comments
Print exact precise name of drug	# taken per	Day/Week/Mo	Dosage/mg-etc.	How filled? (30/month)	Check one: <input type="checkbox"/> Brand Name <input type="checkbox"/> Generic	Other Comments
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Print exact precise name of drug	# taken per	Day/Week/Mo	Dosage/mg-etc.	How filled? (30/month)	Check one: <input type="checkbox"/> Brand Name <input type="checkbox"/> Generic	Other Comments

You can also log into your mymedicare.gov account and update your drug list there. Print out or take screen shot of the web page and send it to us.

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Note any RX you already have an exception for

Print exact precise name of drug	# taken per	Day/Week/Mo	Dosage/mg-etc.	How filled? (30/month)	Check one:	Other Comments
					<input type="checkbox"/> Brand Name <input type="checkbox"/> Generic	
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