

## Symproic<sup>®</sup> Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

| Member Information (required)   |        |      | Provider Information (required) |        |  |
|---|--------|------|---------------------------------|--------|--|
| Member Name:  |        |      | Provider Name:                  |        |  |
| Insurance ID#:  |        |      | NPI#:                           |        | Specialty:   |
| Date of Birth:  |        |      | Office Phone:                   |        |  |
| Street Address:   |        |      | Office Fax:                     |        |  |
| City:   | State: | ZIP: | Office Street Address:          |        |  |
| Phone:  |        |      | City:                           | State: | ZIP:   |
| Medication Information (required)   |        |      |                                 |        |  |
| Medication Name:  |        |      | Strength:                       |        | Dosage Form:   |
|   |        |      | Directions for Use:             |        |  |
| Clinical Information (required)   |        |      |                                 |        |  |
| 1. Has the patient had a trial and failure, contraindication or intolerance to one of the following generics? |        |      |                                 |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"><li>Lactulose</li><li>Polyethylene glycol</li></ul>                         |        |      |                                 |        |  |

Information on this form is accurate as of this date.

|                                |              |
|--------------------------------|--------------|
| <b>Prescriber's Signature:</b> | <b>Date:</b> |
|--------------------------------|--------------|

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: **This request may be denied unless all required information is received.**  
For more information about the prior authorization process, please contact us at 855-811-2218.  
Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern