



(4) **Other Use(s)** (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

**5. PHYSICIAN SIGNATURE**

**Prescriber's or Authorized Representative's Signature:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical Policy Reference can be found at:** <http://www.anthem.com/home-providers.html>

Anthem UM Services, Inc. is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan. WellPoint NextRx is a registered service mark of WellPoint, Inc. Services are provided by a WellPoint PBM (either NextRx Services, Inc. or NextRx, LLC, as applicable). WellPoint NextRx is a division of WellPoint, Inc. © WellPoint, Inc.