



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bill J. Crouch
Cabinet Secretary

Bureau for Medical Services
Pharmacy Services
350 Capitol Street – Room 251
Charleston, West Virginia 25301-3706
Telephone: (304) 558-1700 Fax: (304) 558-1542

Cynthia E. Beane
Commissioner

CASH WAIVER FORM

DATE: ____/____/____

Submission of this form to the Bureau for Medical Services is voluntary and is not required by any BMS policy or regulation. Payment for quantities of medications dispensed and covered by BMS pharmacy services policy is not jeopardized by submission of this form.

Member Name: (print) _____

Member ID# _____

Pharmacy Name _____ Pharmacy NPI# _____

Medication Needing PA _____

Prescriber _____ Prescriber NPI# _____

Total Quantity Prescribed _____ Days' Supply _____

Quantity for Cash Payment _____ Amount Paid _____

Some medications or quantities of medication require Prior authorization by the Bureau for Medical Services. This means additional information is needed from the prescriber. If the request meets the BMS Pharmacy Program criteria, the Bureau will approve the request. The member will be charged only the Medicaid co-pay for the medication.

By signing below, you indicate that you understand the following:

- **You have been informed that this medication requires Prior Authorization by the Bureau.**
- **You have chosen not to request Prior Authorization through the pharmacy or the prescriber.**
- **In order to receive this medication without the Bureau's Prior Authorization, you will have to pay the usual and customary price of this medication.**

Member Signature: _____

Pharmacy Representative Signature _____

Please fax the completed form to the Bureau for Medical Services at 1-304-558-1542.