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| **Date Rx Submitted  (fax or eRx)** | **Patient Name** | **Patient ID#  or DOB** | **Pharmacy** | **PA Determination (Approved/Denied)** | **PA Determination Date** | **Appeal Approved/Denied (Date)** | **PAP Completed/Sent (Date)** | **PAP Expiration Date  (if applicable)** |
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