

Vacation Prescription Request

Name: _____

Member ID number: _____

Phone: _____

Vacation Destination: _____

Departure Date: _____

Returning: _____

Signature of patient: _____

Name of drug(s): _____

This form is for use when a short-term vacation leaves you without access to a CVS Pharmacy or other participating pharmacy to meet your needs away from home.

Vacation requests for medications are not intended for extended periods. If your vacation prescription request is approved, the Plan will allow one fill per medication. If your vacation prescription request is **not** approved, or if you must purchase medications while on vacation, refer to the Plan's current brochure for instructions on obtaining reimbursement using the short-term prescription claim form.

Please leave a good callback number for the Plan to call when your request is completed.

Fax to the attention of the NALC CDHP Department at **(703) 729-0076**.

Controlled medications may require additional information.

****Please allow 24 hours to review and approve your request.****