STATEMENT OF MEDICAL NECESSITY (SMN)

Please write legibly and complete all required fields (*) to prevent delays.

SERVICES REQUESTED
- Check the appropriate services requested on behalf of the patient. GATCF cannot perform services without your specific

DIAGNOSIS/TREATMENT
- Enter the appropriate Diagnosis Code to the highest level of specificity using the appropriate 3-, 4-, 5- or 6-digit code

CONTACT AND SHIPPING
- If patient is awaiting transplant, please indicate the transplant coordinator contact information
- Identify the primary contact (transplant coordinator or physician)

PRESCRIPTION
- Complete the dose and refill fields along with the dispense instructions

PRESCRIBER
- Stamped prescription signatures are not accepted

GATCF REQUIRED FIELDS
- All required fields are indicated with an asterisk (*)
- GATCF cannot process your SMN unless these fields are completed

ATTACH TO COMPLETED SMN
- Attach a signed and dated Patient Authorization and Notice of Request for Transmission of Health Information (PAN) form to Genentech Access Solutions and GATCF. GATCF cannot work on your patient’s behalf without a signed and dated PAN form

PROVIDING ADDITIONAL DOCUMENTS OR INFORMATION WITH THIS FORM, OTHER THAN WHAT IS REQUESTED, WILL DELAY PROCESSING.

REMINDER: This form cannot be processed without a prescriber’s signature and date, as well as a signed and dated PAN form.

Phone: (888) 754-7651 Fax: (800) 305-1830

CellCept® (mycophenolate mofetil)