



Physician Responsibilities

- ❖ Complete Power of Attorneys form.
- ❖ Provide patient with **Brand name** prescriptions, for 90 days with 3 refills. (*please refer to formulary*)
 - The prescription will be provided to ACN-PAP for enrollment.
- ❖ Patient must be directed to point of contact immediately following doctor's visit.
- ❖ Re-fills should be requested by physician or point of contact on behalf of the physician.
 - Additional prescriptions maybe requested by ACN-PAP.