## **URGENT – ACTION REQUIRED**

## **2026 SPECIALTY MEDICATION INSURANCE UPDATE**

In order to continue receiving your **Xolair**, **Nucala**, **Tezspire**, **or Fasenra** injections, Allergy, Asthma & Immunology Center <u>must</u> complete a 2026 review of your insurance benefits and the required prior authorization process.

| My insurance company for 2026 is:   |       |  |
|---|-------|--|
| My member ID is:  |       |  |
| My group number is:   |       |  |
| My Insurance Customer Service phone number (This number is located on the back of your in |       |  |
| This is a NEW policy for 2026 YES _   | NO    |  |
| I have pharmacy benefitsYES<br>ID#:   |       |  |
| BIN#:   |       |  |
| PCN#:   |       |  |
|   |       |  |
| Signature:  | Date: |  |
| Print Name:   | DOB:  |  |
| Account #   |       |  |