ProCare Rx

COST EXCEEDS MAXIMUM

Date/Time of Request: Date:____________ Time:____________

PHYSICIAN CERTIFICATION COST EXCEEDS MAXIMUM REQUEST FORM

Please fill out the following information and return to us as indicated below:

A. – Member Information:		
Patient Name:	Plan Name/Plan ID:	
Patient ID:	Patient Date of Birth:	Patient Contact Phone#:

B. – Physician Information			
Physician Name:	Physician Address:		
Physician DEA #:		Physician Phone #:	Physician Fax Number:
Drug Name and Strength:	Direction (SIG): -----------SEE BELOW------------	QTY and Days Supply: -----SEE BELOW---	NDC#:

C. – Pharmacy Information			
Pharmacy Name:	NABP #:	Pharmacy Phone Number:	Pharmacy Fax Number:

D. – Clinical Information: Please fill out the following clinical information:	
Diagnosis/Indication	ICD-9 Code (if available)

1. Medical Justification for HIGH DOLLAR Override:
   - ❑ The medication is medically necessary for this patient
   - ❑ Formulary options would be hazardous to use
   - ❑ Formulary options have been tried and have caused undesirable side effects or have been insufficiently effective
   - ❑ Other:

   ____
   ____

2. Dosing Instructions per 30day supply :____

3. Length of Treatment Requesting at this dose:_____________

4. Please indicate if this patient is receiving care in a long-term care facility.
   - ❑ Yes
   - ❑ No

Authorized Medical Signature:			
Telephone #:		***Date:***	

When Completed Return To: ProCare PBM Clinical Division 3090 Permiere Parkway Ste 100 Duluth, GA 30097
1-866-965-Drug (3784) / Fax # 866-999-7736

Receipt Date/Time of Completed Request:_______________ FOR INTERNAL USE ONLY

Ticket Number: ___________

ˇ **Approved** ˇ **Denied**

(Date/Time)

Reviewed by: ____________ **Effective Date:**________________ **Member Contacted:**________________
Review Date: ____________ **Termination Date:** _____________ **MD Contacted:**____________________
Review Time: ____________ **Pharmacy Contacted:**_______________

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPPA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes. *Revised 11/2005*