ProCare Rx

Anticoagulants

Ticket #: ____________________ Request Date: ____________________ Request Time: ____________________

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of anticoagulants. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. 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 #:	
Drug Name and Strength:	Direction (SIG):	QTY and Days Supply:	NDC #:

C. Pharmacy Information

Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:

D. Clinical Information (Please fill out the following information: check all that apply)

1. What is the requested medication?

☐ Arixtra (fondaparinux) ☐ Lovenox (enoxaparin) ☐ Heparin
☐ Fragmin (dalteparin) ☐ Innohep (tinzaparin)

2. What is the indication for the requested drug?

☐ DVT Prophylaxis ☐ DVT Treatment
☐ Abdominal Surgery ☐ Unstable Angina/Non-Q-wave
☐ Hip Replacement Surgery ☐ Immobility/Acute llness
☐ Knee Replacement Surgery ☐ Other________________________________

3. Please indicate the following:

DOSE: ________________________________ FREQUENCY: ____________________________

DURATION OF THERAPY: ____________________ WEIGHT: ________________________________

If treatment is required beyond 21 days, please provide chart documentation.

Authorized Medical Signature:

Telephone: Date:

When Completed Return To:

ProCare PBM Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA 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.