ProCare Rx

Elidel® pimecrolimus

Ticket #: _____ Request Date: _____ Request Time: _____

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of Elidel® pimecrolimus. 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: circle all that apply)

1.	Is the patient 2 years of age or older?	YES NO
2.	Is the patient immunocompromised?	YES NO
3.	Does the patient have a current diagnosis of mild to moderate atopic dermatitis?	YES NO
4.	Has the patient failed therapy or received inadequate responses with at least two topical corticosteroids?	YES NO
5.	Is this patient intolerant or unable to use topical steroid therapies?	YES NO

RENEWAL PA ONLY:

6.	Does the patient have persistent symptoms?	YES NO
7.	Has the patient been re-evaluated for continuation of therapy?	YES NO

Dosing Guidelines: Apply a thin layer to affected skin area BID as long as signs and symptoms persist (maximum of 6 weeks)

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.