

Ticket #: \_\_\_\_\_ Request Date: \_\_\_\_\_ Request Time: \_\_\_\_\_

## PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of a drug on our prior authorization list. 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:

<b>A. Member Information: <i>Due to privacy regulations, we will not be able to respond via fax with outcome of our review unless all asterisked (*) items on this form are complete.</i></b>			
*Patient Name:	*Plan ID#:	*Date of Birth:	
*Patient Street Address:		*Patient Phone #:	
City:	State:	Zip:	
<b>B. Provider Information</b>			
*Provider Name:	Specialty:	DEA or TIN#:	
Office Contact Person:	Office Phone #:	Office Fax #:	
*Is your fax machine kept in a secure location?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
*May we fax our response to your office?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Office Street Address	City:	State:	Zip:
Medication Requested: <i>(Please specify name, strength, and dosing schedule.)</i>			
Diagnosis Related to Use:		Duration of therapy:	
Formulary Alternatives Tried: <i>(Please indicate length of trial and/or if samples were given.)</i>			
Additional Pertinent Information: <i>(Please include clinical reasons for drug, relevant lab values, etc.)</i>			
Authorized Medical Signature:		Phone Number	
Delivery Address: Same as <input type="checkbox"/> Patient, same as <input type="checkbox"/> Physician, or <input type="checkbox"/> Other:		Date Needed:	

**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.

Prior authorization forms are reviewed at least annually and are available at [www.procarerx.com](http://www.procarerx.com). Medical Review Criteria are reviewed at least annually. Revised 09/2015