ProCare Rx

Marinol® dronabinol

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

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of Marinol® dronabinol. 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 anti-emetic being requested for cancer treatment and a full replacement for intravenous administration within 48 hours of cancer treatment? If YES, the prescribing physician must indicate on the prescription that the oral anti-emetic is being used "as a full therapeutic replacement for an intravenous anti-emetic drug as part of a cancer chemotherapeutic regimen."	YES	NO
2.	Does patient have a diagnosis of AIDS? (If NO, please continue on question #3)	YES	NO
3.	Does patient have anorexia associated with weight loss?	YES	NO
4.	Is patient receiving cancer chemotherapy?	YES	NO
5.	Does patient have nausea and vomiting that has failed to respond adequately to conventional anti-emetic treatments?	YES	NO
6.	Does patient have history of hypersensitivity to cannabinoid or sesame oil?	YES	NO

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.