

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

PHYSICIAN CERTIFICATION TIERING EXCEPTION 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 #:							
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 clinical information.)									
Diagnosis/Indication:		ICD-9 Code	ICD-10 Code						
<p>1. Medical justification for <u>Tiering Exception</u>:</p> <p>The medication is medically necessary for this patient</p> <p>Formulary options would be hazardous to use</p> <p>Formulary options have been tried and have caused undesirable side effects or have been insufficiently effective</p> <p>2. Duration of treatment: _____</p> <p>3. Has the patient taken this in the past? YES NO</p> <p>4. If yes, for how long? _____</p> <p>5. Please list other medications attempted for this patient:</p> <table border="0"><tr><td>Medication: _____</td><td>Reason therapy failed: _____</td></tr><tr><td>Medication: _____</td><td>Reason therapy failed: _____</td></tr><tr><td>Medication: _____</td><td>Reason therapy failed: _____</td></tr></table>				Medication: _____	Reason therapy failed: _____	Medication: _____	Reason therapy failed: _____	Medication: _____	Reason therapy failed: _____
Medication: _____	Reason therapy failed: _____								
Medication: _____	Reason therapy failed: _____								
Medication: _____	Reason therapy failed: _____								
Authorized Medical Signature: _____									
Telephone: _____		Date: _____							

When Completed Return To:

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