

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 11										
A. Member Information Patient Name:			Plan Nar	Plan Name/Plan ID:						
Patient ID:			Patient Date of Birth:		Patient Contact Phone #:					
B. Phys	sician Information									
	n Name:	Physic	ian Address	:						
Physician DEA #: Physician Phone #:		Physician Fax #:			x #:					
Drug Name and Strength: Direction (SIG)		Direction (SIG):	QTY and Days Supply:		NDC #:	NDC #:				
	macy Information	NADD #-		Dhawasa	· Dhana #	Dharma ay Fa	4.			
Pharmacy Name: NABP #:			Pharmacy Phone #:		Pharmacy Fa	Pharmacy Fax #:				
	cal Information (Please fill sis/Indication:	out the following clinical	informatio	n.)		ICD-9 Code	ICD-10 Code			
1.	Medical justification for Tie	ring Exception:				•				
	The medication is medically necessary for this patient									
	Formulary options wo	uld be hazardous to use								
	• •	e been tried and have caus	sed undesira	able side effec	cts or have bee	n insufficiently effective				
2.	2. Duration of treatment:									
3.	3. Has the patient taken this in the past? YES NO									
4.	If yes, for how long?									
5.	Please list other medication	ns attempted for this patient	t:							
	Medication:		Reason t	herapy failed:						
	Medication:		Reason therapy failed:							
	Medication:		Reason therapy failed:							
Authoriz	ed 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

**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.