

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

**PHYSICIAN CERTIFICATION COST EXCEEDS MAXIMUM REQUEST FORM**

**Please fill out the following information and return to us as indicated below.**

<b>A. Member Information</b>			
Patient Name:		Plan Name/Plan ID:	
Patient ID:		Patient Date of Birth:	Patient Contact Phone #:
<b>B. Physician Information</b>			
Physician Name:		Physician Address:	
Physician DEA #:	Physician Phone #:	Physician Fax #:	
Drug Name and Strength:	Direction (SIG): ----- SEE BELOW -----	QTY and Days Supply: ----- SEE BELOW -----	NDC #:
<b>C. Pharmacy Information</b>			
Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:
<b>D. Clinical Information (Please fill out the following clinical information.)</b>			
<b>Diagnosis/Indication:</b>		<input type="checkbox"/> ICD-9 Code <input type="checkbox"/> ICD-10 Code	
<p>1. Medical justification for <u>High Dollar Override</u>:</p> <p><input type="checkbox"/> The medication is medically necessary for this patient</p> <p><input type="checkbox"/> Formulary options would be hazardous to use</p> <p><input type="checkbox"/> Formulary options have been tried and have caused undesirable side effects or have been insufficiently effective</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>2. Dosing instructions per 30-day supply: _____</p> <p>3. Length of treatment requested at this dose: _____</p> <p>4. Is this patient receiving care in a long-term care facility?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>			
<b>Authorized Medical Signature:</b>			
<b>Telephone:</b>		<b>Date:</b>	

**When Completed Return To:**

MC-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.

Prior authorization forms are reviewed at least annually and are available at [www.MC-Rx.com](http://www.MC-Rx.com). Medical Review Criteria are reviewed at least annually. Revised 5/2019