

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

PHYSICIAN CERTIFICATION NON-FORMULARY 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:		<input type="checkbox"/> ICD-9 Code <input type="checkbox"/> ICD-10 Code	
<p>1. Medical justification for <u>Formulary Exception</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>2. Duration of treatment: _____</p> <p>3. Has the patient taken this in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. If yes, for how long? _____</p> <p>5. Please list other medications attempted for this patient:</p> <p>Medication: _____ Reason therapy failed: _____</p> <p>Medication: _____ Reason therapy failed: _____</p> <p>Medication: _____ Reason therapy failed: _____</p>			
Authorized Medical Signature:			
Telephone:		Date:	

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. Medical Review Criteria are reviewed at least annually. Revised 5/2019