ProCare Rx

Hemangeol® propranolol hydrochloride oral solution

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

# PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of Hemangeol® propranolol hydrochloride oral solution. 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. Does this patient have proliferating infantile hemangioma requiring systemic therapy? YES NO

2. Does this patient have any of the following conditions? (If YES, please check all that apply.) YES NO
   - ☐ premature infants with corrected age < 5 weeks
   - ☐ infants weighing less than 2 kg
   - ☐ known hypersensitivity to propranolol or any of the excipients
   - ☐ asthma or history of bronchospasm
   - ☐ heart rate < 80 beats per minute, greater than first degree heart block, or decompensated heart failure
   - ☐ blood pressure < 50/30 mmHG
   - ☐ pheochromocytoma

3. Is this patient over the age of 12? 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.