

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

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of Oral Oncology Agents. 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 # and CGN:	
C. Pharmacy Information				
Pharmacy Name:		NABP #:	Pharmacy Phone #:	Pharmacy Fax #:
D. Clinical Information (Please fill out the following information)				
Provider Specialty: _____				
1. Medication Request: <input type="checkbox"/> New <input type="checkbox"/> Continuation				
Height: _____ Weight: _____ lbs _____ KGS BSA: _____				
2. Medication Requested:				
Medication	Strength	Directions	# of Cycles	Quantity/Month
3. Diagnosis:				
<input type="checkbox"/> Breast Cancer		<input type="checkbox"/> Prostate Cancer		<input type="checkbox"/> Lung Cancer
<input type="checkbox"/> Ovarian Cancer		<input type="checkbox"/> Renal Cancer		<input type="checkbox"/> Leukemia
<input type="checkbox"/> Other Diagnosis: _____				
4. Previous Medication Trials:				
Medication	Strength	Directions	Start/End Dates	Max Dose (Per Day)
5. List all other medications the patient is taking concurrently with the antineoplastic:				
Medication	Strength	Directions	# of Cycles	
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.