

Patient Name:	System ID:	Subscriber ID#:
FCR Title:	Generic Medication Form	
	Medication to be reviewed:	
MD Determination:	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> <input checked="" type="checkbox"/> DENY <input type="checkbox"/> MODIFY <input type="checkbox"/> UPHOLD	
Principal Reason (Main Reason for Determination)		
<input type="checkbox"/>	<p>A Physician Advisor has reviewed the information provided and determined that the requested service(s) would not be covered as medically necessary.</p> <p>(EOB JLK MD Not Medically Necessary) (EOB JLK MD Not Medically Necessary) (EOB JLK MD Not Medically Necessary)</p>	
<input type="checkbox"/>	<p>A Physician Advisor has reviewed the information provided and determined by national standards as investigational or experimental and therefore, is not covered. (EOB JLK MD Not Medically Necessary)</p> <p>(EOB J5X MD determined that the service or item is identified by national standards as investigational or experimental and therefore is not covered.) ☒</p>	
Clinical Rationale (Supporting Rationale for Principal Reason):		
Medical Necessity or Investigational/Experimental		
<input checked="" type="checkbox"/>	<p>The patient's condition does not meet the criteria for the use of as established by scientific evidence.</p> <p>The criteria or resource used in making this decision is:</p> <p><input type="checkbox"/> UpToDate https://www.uptodate.com/home</p> <p><input checked="" type="checkbox"/> Hayes, Inc https://www.hayesinc.com/</p> <p><input type="checkbox"/> Food and Drug Administration https://www.fda.gov/Drugs/default.htm</p> <p><input type="checkbox"/> National Comprehensive Cancer network, (NCCN) https://www.nccn.org/</p>	

	<input type="checkbox"/> Other:
<input type="checkbox"/>	<p>The medical need for has not been established following review of the documentation submitted.</p> <p>Please submit the supporting documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doctors' progress notes <input type="checkbox"/> Doctors' Orders <input type="checkbox"/> Admitting History and Physical report <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Operative Report and Implant Log <input type="checkbox"/> Other
Quantity	
<input type="checkbox"/>	<p>The quantity of the following medication(s) does not conform to the usual clinical practice nor manufacturer's recommendations.</p> <p>The criteria or resource used in making this decision is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> UpToDate https://www.uptodate.com/home <input type="checkbox"/> Hayes, Inc https://www.hayesinc.com/ <input type="checkbox"/> Food and Drug Administration https://www.fda.gov/Drugs/default.htm <input type="checkbox"/> National Comprehensive Cancer network, (NCCN) https://www.nccn.org/ <input type="checkbox"/> Other:
Other	
<input type="checkbox"/>	<input type="checkbox"/>