MC-Rx
Powered by ProCare Rx

Uceris® budesonide ER

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

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **Uceris®** budesonide ER. Based on recent clinical information, we require more information before this prescription can be paid by the patient's pharmacy 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. Is Uceris being used for induction of remission for active, mild-to-moderate ulcerative colitis in this patient? YES NO
2. Clinical Consideration: (please check one and note details as requested)
   - ☐ Patient had failure, incomplete response, or intolerance to one or more 5-ASA Medications.

     Please circle, or list if not included: Topical 5-ASA [Canasa, Rowasa]

     Oral 5-ASA [Asacol, Asacol HD, Lialda, Apriso, Balsalazide]

     Other: _____
   - ☐ Patient is not a candidate for 5-ASA medication due to hypersensitivity to mesalamine, other salicylates (including aspirin) or aminosalicylates
3. Did the patient already complete full initial therapy of up to 8 weeks? YES NO
4. If YES to #3, please document reasoning for continuing therapy past recommended parameters:

   _____

   _____

   _____

First Approval 8 Weeks ONLY

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.