



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
615-532-8700

REQUEST FOR EXPEDITED DETERMINATION-APPEAL OF A DENIED PRESCRIPTION

This form is to be used to request the continued use of a drug previously prescribed and dispensed that is now in a "Needs Prior Approval" status under the Tennessee Bureau of Workers' Compensation Formulary and has been denied by the Insurance Carrier or the Utilization Review Organization

1. **Requester:** (Circle one) **Prescribing Physician** or **Pharmacy** **Date of Request:** _____
2. _____
Patient Name (Please print or type) **State File #** **Date of Injury** **DOB** **SSN**
3. _____
Ins. Carrier Name **Claim #** **Adjuster's Name** **Telephone, Fax# or E-mail**
4. _____
Prescribing Physician Name **DEA #** **Phone #** **Fax# or Email**
5. _____
Pharmacy Name **Phone #** **Fax #**
6. _____
Prescription Drug Name **Dosage** **Frequency** **Duration**

7. **Please explain the potential medical emergency or the reason a substitution is not appropriate:**

8. I hereby certify that:

- The Prior Approval request for the previously prescribed drug identified above has been denied by the insurance carrier or it's Utilization Review Organization.
- The denial poses an unreasonable risk of a medical emergency to the patient named above by either:
 - Placing the patient's health or bodily function in serious jeopardy; or,
 - Possibly causing serious dysfunction of a body organ or part.
- No satisfactory substitution is available or that there is a valid medical reason a substitution cannot be made.
- The potential medical emergency has been documented above.
- The adjuster, prescribing doctor, patient, and dispensing pharmacy have been copied on this request.
- The denial of the request for reconsideration was received within five business days of the date listed below.

9. _____
Requester: Name (Printed) **Signature** **Date**

Call: 615-532-8700, then return this completed form, a copy of the latest office note, the UR denial letter and a list of all current prescriptions by fax to 615-253-5265 or by email to ur.appeals@tn.gov ATTN: Medical Director.