

TENNCARE DRUG STORE FORM

(To be completed by the Pharmacy)

Drug Store Name: _____ Pharmacist Name: _____

Today's Date: _____ Enrollee Name: _____ Soc. Sec. # _____

We cannot fill your prescription now.

Your doctor's name: _____ Medicine ordered: _____

Your prescription cannot be filled for the following reason(s):

1. Your doctor did not prescribe a TennCare drug (formulary) or get your TennCare plan to OK this drug. If this reason is checked, TennCare can pay for a supply of your drug (up to two weeks of medicine). Just ask for it. **If you do not get a supply of medicine, call TennCare Solutions at 1-800-878-3192 right away** (free call).

Do you need this medicine for more than two weeks? Appeal **now**. Call **1-800-878-3192** (free call) or use the **form below**. You must appeal **within 10 days** of the date of this form to keep getting your medicine during your appeal. You have up to 30 days to file an appeal. If you appeal, someone else will decide if TennCare will pay for your medicine.

2. Taking this drug could be a danger to your health.
3. The federal government has decided that this drug does not work as well as other similar medicines.
4.

Important--Instructions to Pharmacy:

1. Fill out the top portion of this form, checking one of the five boxes (as applicable) if you cannot fill the prescription as presented and cannot reach the prescribing doctor for resolution. Ask the enrollee to check the box in the middle of the form (and sign under it) stating that he/she has received this form.
2. If you have checked box #1, the recipient may get up to a 14 day supply of medication (14 days or as prescribed, whichever is less, unless the drug is packaged to be sold as an original unit and the original unit exceeds the 14 day supply). If you dispense a supply, ask the enrollee to check the box in the middle of the form (and sign under it) stating that he/she has received the supply.
3. Ask the enrollee to complete the pharmacy appeal form at the bottom of the form or to call TennCare Solutions. Offer and provide a disabled enrollee with necessary assistance in submitting the appeal to TennCare.
4. Keep a copy of every form you fill out.