

Delaware Workers' Compensation Health Care Payment System

JUSTIFICATION FOR USE OF NON-PREFERRED MEDICATION

A pharmacist **must** dispense a non-preferred/brand name drug or medication upon the physician's or other authorized individual's completion of this "Justification For Use Of Non-Preferred Medication" form.

Patient/Injured Worker: _____

Practitioner Name: _____

Office Contact: _____ Phone Number: _____ Fax Number: _____

Have you checked the Prescription Monitoring Program (PMP) profile for this patient? Yes No

Current or previous Preferred medication(s): _____

Selected Non-Preferred medication(s): _____

Was symptom(s) controlled on prior regimen? Yes No

Additional comments: _____

Pursuant to 19 Del. C. §2322F(g):

"(g) If, following a hearing, the Industrial Accident Board determines that an employer, an insurance carrier or a health care provider failed in its responsibilities under § 2322B, § 2322C, § 2322D, § 2322E or § 2322F of this title, it shall assess a fine of not less than \$1,000 nor more than \$5,000 for violations of said sections. Such fines shall be payable to the Workers' Compensation Fund."

Distribution of this form:

The prescriber gives this form to the injured worker, along with the prescription. The injured worker gives this form to the pharmacist.

I hereby certify that I have reviewed and complied with the Pharmacy Regulations regarding Preferred and Non-Preferred drugs and medications as set forth in the Pharmacy Regulations, 19 DE Admin Code 1341, Section 4.13 and hereby authorize the dispensing of the above drug(s) and/or medication(s).

Signature of physician

or other authorized individual: _____ **Date:** _____