

INSURANCE CARRIER LETTERHEAD

Texas Workers' Compensation Pharmacy Closed Formulary Notification Letter for Legacy Claims

[INSURANCE CARRIER NAME]

[ADDRESS]

[DATE]

[PHARMACY NAME]

[ADDRESS]

Starting on September 1, 2013, the pharmacy closed formulary adopted by the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) will begin to apply to workers' compensation claims with dates of injury prior to September 1, 2011 ("legacy claims") and planning for these changes should begin immediately.

You are receiving this letter because we have identified certain injured employees the prescribing physician treats that will be affected by the new pharmacy closed formulary. The purpose of this notification is to make you aware that the prescribing physician will be reviewing and considering the ongoing medical necessity of the prescription drugs prescribed for injured employee patient(s).

Our records indicate that the injured employee listed in the box below has a legacy claim, and has recently filled a prescription for drug(s) excluded from the pharmacy closed formulary at your pharmacy.

Injured Employee and Prescription Information

Table with 5 columns: Claimant Name, Date of Injury, Carrier Claim #, Prescribing Doctor, Prescription Drugs Carrier Wants to Discuss. Includes a row for additional lines as necessary.

In this case, a [(HEALTH CARE PROFESSIONAL FROM OUR INSURANCE COMPANY) or a (UTILIZATION REVIEW AGENT)] is authorized to approve an agreement with the prescribing physician concerning the application of the pharmacy closed formulary to the injured employee listed above.

Someone from [(HEALTH CARE PROFESSIONAL FROM OUR INSURANCE COMPANY) or a (UTILIZATION REVIEW AGENT)] will be contacting the prescribing physician's office for this discussion. The prescribing physician may request your input to complete this discussion.

Thank you,

[SIGNATURE]

[title]

[phone number]

[email]

[ATTACHMENTS]

[Pharmacy Closed Formulary Overview]