

**INSURANCE CARRIER LETTERHEAD**

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

[INSURANCE CARRIER NAME]

[ADDRESS]

[DATE]

[PRESCRIBING DOCTOR]

[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 you treat who will be affected by the new pharmacy closed formulary. We would like to begin discussions with you about the impact that this pharmacy closed formulary will have on these injured workers we have identified as your patient(s). Our records indicate that the injured employee(s) listed in the box below under your care, has a legacy claim, and has recently received a prescription for a drug(s) excluded (not recommended) from the pharmacy closed formulary.

**Injured Employee and Prescription Information**

<b>Claimant Name</b>	<b>Date of Injury</b>	<b>Carrier Claim #</b>	<b>Prescription Drugs Carrier Wants to Discuss</b>
[Claimant Name]	[Date of Injury]	[Carrier Claim #]	[Prescription Drugs Carrier Wants to Discuss]
[Claimant Name]	[Date of Injury]	[Carrier Claim #]	[Prescription Drugs Carrier Wants to Discuss]
[Claimant Name]	[Date of Injury]	[Carrier Claim #]	[Prescription Drugs Carrier Wants to Discuss]
[Claimant Name]	[Date of Injury]	[Carrier Claim #]	[Prescription Drugs Carrier Wants to Discuss]
[Claimant Name]	[Date of Injury]	[Carrier Claim #]	[Prescription Drugs Carrier Wants to Discuss]
<i>Add additional lines as necessary</i>			

The purpose of notifying you prior to September 1, 2013 is to allow you time to review and consider the ongoing medical necessity of the prescription drugs prescribed for your injured employee patient(s), and to coordinate the ongoing course of treatment for your patient with [INSURANCE CARRIER]. Please understand this is not an indication that you have prescribed inappropriately; but rather to work together to effectively implement a treatment plan that recognizes the pharmacy closed formulary for injured employees with legacy claims.

In this case, a [(HEALTH CARE PROFESSIONAL FROM OUR INSURANCE COMPANY) or a (UTILIZATION REVIEW AGENT)] is authorized to approve an agreement with you concerning the application of the pharmacy closed formulary to the injured employee(s) listed above. This agreement may include a spectrum of outcomes ranging from no change in the injured employee's current drug regimen to weaning and/or discontinuing use of the drug(s) excluded from the pharmacy closed formulary.

Someone from [(HEALTH CARE PROFESSIONAL FROM OUR INSURANCE COMPANY) or a (UTILIZATION REVIEW AGENT)] will be contacting your office to establish a date and time for this discussion. If you have any questions regarding this notification, or would like to schedule a time for the discussion to take place, please contact:

[XXX]

[title]

[phone number]

[email]

Thank you,

[SIGNATURE]

[title]

[phone number]

[email]

[ATTACHMENTS]

[Pharmacy Closed Formulary Overview]