Medical Certification Form (MCF)
Quick Facts

THMP receives and processes numerous MCFs for our clients every day.
Below is a quick reference for some of the most frequently asked questions about MCFs.

How can my client receive a 90-day prescription?
- If the client is new to any medications on the antiretroviral therapy regimen or this box is unchecked, the client is ineligible.
- Please evaluate each client's situation before prescribing 90-day prescription fills (treatment experienced with existing medication, living situation, ability to keep track of medications, etc.).
- Certain medications are eligible for 90-day prescription fills – Please refer to the THMP Medication Formulary and Maximum Quantities Table for available mediations/dosages.
- Clients covered under Texas Insurance Assistance Program (TIAP) or State Pharmacy Assistance Program (SPAP) with health insurance must contact their insurer or Medicare Part D representative and follow the policy or requirements their insurance provider or Medicare Part D Plan for 90-day prescription fills.
- Please see the THMP 90-day prescription policy.

What other important information do I need to know about MCFs?
- MCFs must be signed by a physician or mid-level provider (physician's assistant, nurse practitioner)
- When a client's medication regimen changes a new MCF must be submitted to THMP with the complete regimen selected.
- MCFs have a four (4) anti-retroviral (ARV) drug limit – some drug "boosters" are allowable as a fifth drug (see Formulary).
- THMP Pharmacy Coordinator must approve medication requests that exceed five (5) drugs or unusual combinations. A letter from the provider must be included justifying the request.
- High dosages require a signed letter of justification from the provider. Please refer to the THMP Medication Formulary and Maximum Quantities Table for available mediations/dosages.
- MCFs with a new request for Selzentry must include a copy of Trofile/CCR5 test.
- THMP will provide the generic equivalent of prescribed medication when available- refills may be different generic equivalents depending on inventory at the time of each refill.
- Address and pharmacy changes may not be requested on MCF.

What if my client is prescribed Hepatitis C medications or Trogarzo?
- Please see the Hepatitis C MCF.
- Please see the Trogarzo MCF.

How do I submit an MCF to THMP?
- For new applicants, the MCF should be included with the THMP application.
- Always **fax** a MCF for medication changes to THMP at (512)989-4003.
- *NEVER* email a MCF or any information that has identifying/personal health information.

What do I need to check before submitting an MCF?
- All client information must be completely filled out.
- Lab values are requested but are not required if client is new and does not have labs completed.
- Each medication requested is checked on MCF.
- All physician/provider information must be filled out.
- MCF includes physician/provider's signature.

Non-HIV Medications

Drug Name	Priority	Strength/Form	Per Unit	MAX Qty/30-day script	MAX Qty/90-day script
Amlodipine	3	5 mg tablets	90/btl *	N/A	90 tablets
Atorvastatin	3	20 mg tablets	90/btl *	N/A	90 tablets
Duloxetine HCL	3	30 mg tablets	90/btl *	N/A	90 tablets
Gabapentin	3	300 mg capsules	100/btl *	N/A	100 capsules
Hydrochlorothiazide (HCTZ)	3	25 mg tablets	100/btl *	N/A	100 tablets
Lisinopril	3	10 mg tablets	100/btl *	N/A	100 tablets
Livalo (pitavastatin calcium)	3	2 mg tablets	90/btl *	N/A	90 tablets
Metformin HCL	3	500 mg tablets	100/btl *	N/A	100 tablets
Metoprolol Tartrate	3	50 mg tablets	100/btl *	N/A	100 tablets
Sertraline	3	50 mg tablets	90/btl *	N/A	90 tablets
Trazodone	3	100 mg tablets	100/btl *	N/A	100 tablets
Zypitamag (pitavastatin magnesium)	3	2 mg tablets	90/btl *	N/A	90 tablets

* NOTE: Must be dispensed in full bottle amounts. Please provide # days supply the bottle will last with each order.