

<p>5. Is the member's clinical condition so different from the majority that there is no equally effective, less costly covered service or equipment that meets the patient's needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, must attach documentation</i></p>	
<p>6. Does the prescriber certify that medical treatment or items of service which are covered under the member's Washington Apple Health program and which, under accepted standards of medical practice, are indicated as appropriate for the treatment of the illness or condition, have been found to be one of the following? (Check which applies)</p> <p><input type="checkbox"/> Medically ineffective in the treatment of this member's condition; or <input type="checkbox"/> Inappropriate for this specific member</p>	
<p>7. Additional information and explanation of why preferred/covered medications listed on Coordinated Care's Preferred Drug List would not meet the patient's needs. Please refer to www.coordinatedcarehealth.com for a list of preferred alternatives.</p>	
Provider Signature:	Date: