



**AHCCCS MEDICAL POLICY MANUAL**  
**POLICY 1020, ATTACHMENT E-**  
**PHARMACY AND PRESCRIBER REPORT TEMPLATE**  
**OPEN UNTIL 12/01/19**

**Contractor**  
**Reporting Time Period**  
**Total Number of Members ~~on Restrictions~~ Interventions**

RESTRICTIONS							
MEMBER LAST NAME	MEMBER FIRST NAME	AHCCCS ID	COUNTY MEMBER RESIDES IN	PHARMACY ASSIGNMENT	PHARMACY ADDRESS	PRESCRIBER ASSIGNMENT	PRESCRIBER ADDRESS
<b>**Footnote: POST APC CHANGE: Changes were made to include more information from the member. Previously Attachment E only included <i>Pharmacy, Prescriber and Pharmacy and Prescriber</i> for reporting</b>							



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ASSIGNED TO BOTH A PHARMACY AND PRESCRIBING CLINICIAN YES OR NO	DATE NOTICE OF RESTRICTION PROVIDED TO MEMBER	DATE OF THE PHARMACY AND OR PRESCRIBING CLINICIAN ASSIGNMENT	START DATE MEMBER IS ASSIGNED TO CARE MANAGEMENT	CARE/CASE MANAGEMENT CLINICAL INTERVENTIONS	CONTRACTOR REVIEW DATE OF MEMBER ASSIGNMENT TO A PHARMACY OR PRESCRIBING CLINICIAN FOR CONTINUATION OR REMOVAL OF ASSIGNMENT	DATE MEMBER NOTIFIED OF REMOVAL OF ASSIGNMENT