

**Medicare Part D Coverage Determination Request Form**

This form cannot be used to request: Medicare non-covered drugs, including benzodiazepines, drugs prescribed for weight loss, over-the-counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations).

Patient Information			Prescriber Information		
Patient Name:			Prescriber Name:		
Member ID#:			NPI# (if available):		
Address:			Address:		
City:	State:		City:	State:	
Home Phone:	Zip:		Office Phone #:	Office Fax #:	Zip:
Sex (circle): M F	DOB:		Contact Person:		

Diagnosis and Medical Information				
Medication:	Strength and Route of Administration:		Frequency:	
<input type="checkbox"/> New Prescription OR Date Therapy Initiated:	Expected Length of Therapy:		Qty:	
Height/Weight:	Drug Allergies:	Diagnosis:		
Prescriber's Signature:			Date:	

**Rationale for Exception Request or Prior Authorization  
 FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION**

- Alternate drug(s) contraindicated or previously tried, but with adverse outcome (toxicity, allergy, or therapeutic failure)  
 → Specify below: (1) Drug(s) contraindicated or tried; (2) adverse outcome for each; (3) if therapeutic failure, length of therapy on each drug(s);
- Complex patient with one or more chronic conditions (including, for example, psychiatric condition, diabetes) is stable on current drug(s); high risk of significant adverse clinical outcome with medication change  
 → Specify below: Anticipated significant adverse clinical outcome
- Medical need for different dosage form and/or higher dosage  
 → Specify below: (1) Dosage form(s) and/or dosage(s) tried; (2) explain medical reason
- Request for formulary tier exception  
 → Specify below: (1) Formulary or preferred drugs contraindicated or tried and failed, or tried and not as effective as requested drug; (2) if therapeutic failure, length of therapy on each drug and adverse outcome; (3) if not as effective, length of therapy on each drug and outcome
- Other: \_\_\_\_\_ → Explain below

**REQUIRED EXPLANATION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Request for Expedited Review**

- REQUEST FOR EXPEDITED REVIEW [24 HOURS]  
 → BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

## HELPFUL HINTS IN USING THE EXCEPTION/MEDICAL NECESSITY REQUEST FORMS

1. Please ensure you complete the attached form. This includes the drug, strength, directions, quantity needed, and duration. These are essential pieces of information required in programming approved requests.
2. For many drugs, we will require specific information and cannot approved requests without them. Please provide with the first request to avoid delays. Below are the most commonly requested information from us to Prescribers.

Drug/Drug Class/Situation	Key Pieces of Information to include with the request
Immunosuppressants for transplant patients	State if Medicare DID or DID NOT help pay for the transplant Approximately when was the transplant?
Hep C treatment: Pegasys, Peg-Intron, or Infigen	Date therapy was initiated, or state this is a new start Genotype Viral load and viral load date
NON-FORMULARY MEDICATIONS	We require failure/intolerance to formulary agents. Chart notes or other legal documentation showing failure to formulary agents is required. Depending on the drug, usually a 60 day trial with 2 formulary agents are required to show failure.
Brand-Only Products	For brand only requests when an AB-rated product is available, we require the following: <ol style="list-style-type: none"> <li>1. Chart notes documenting failure/intolerance to 2 generic versions of that drug</li> <li>2. Copies of submitted FDA Medwatch forms showing failure/intolerance to the generic versions</li> </ol> The following medications are covered as brands: Warfarin/Coumadin/Jantoven, levothyroxine/Levoxyl/Synthroid, digoxin/Lanoxin, and most anti-convulsants
Epogen/Procrit/ Aranesp	State if the patient is or is not on dialysis Cause of anemia Recent H/H and if the patient was on therapy at that time Recent iron studies