Plan Name	
Phone #	
Fax #	

Medicare Part D Coverage Determination Request Form

This form cannot be used to request:

Medicare non-covered drugs, including barbiturates, benzodiazepines, fertility drugs, drugs prescribed for weight loss, weight gain or hair growth, over-the-counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations).

> Biotech or other specialty drugs for which drug-specific forms are required. [See <Part D plan website.>] OR [See links to plan websites at http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04 Formulary.asp]

Patient Name: Prescriber Name:	[See links to plan websites at http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Formulary.asp] Patient Information Prescriber Information								
Address: City: State: City: Office Phone #: Office Fax #: Zip: Sex (circle): M F DOB: Contact Person: Diagnosis and Medical Information		Prescriber Information Prescriber Name:							
City: State: City: State: City: State: Home Phone: Zip: Office Phone #: Office Fax #: Zip: Sex (circle): M F DOB: Contact Person: Diagnosis and Medical Information	Member ID#:	NPI# (if available):							
Home Phone: Zip: Office Phone #: Office Fax #: Zip:	Address:	Address:							
Sex (circle): M F DOB: Contact Person: Diagnosis and Medical Information	City:	State:	City:			State:			
Diagnosis and Medical Information Medication: Strength and Route of Administration: Frequency: Date Therapy Initiated: Height/Weight: Drug Allergies: Diagnosis: Prescriber's Signature: 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 (eg, 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: □ Other: □ Prevented Length of Therapy: □ Date: □	Home Phone:	Zip:	Office Phone #:	Office Fax #:		Zip:			
Medication: Strength and Route of Administration: Frequency: Oty: Oty: Date Therapy Initiated: Height/Weight: Drug Allergies: Diagnosis: Prescriber's Signature: 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 (eg, 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: Strength Administration: Qty: Other: Date:	Sex (circle): M F DOB:		Contact Person:						
□ New Prescription OR Date Therapy Initiated: 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 (eg, 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		nosis and Me	dical Information						
Date Therapy Initiated: Height/Weight: Drug Allergies: Diagnosis: Prescriber's Signature: 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 (eg, 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	Medication:	Strength and I	Route of Administrat	tion:	Frequency:				
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 (eg, 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: Patient Pa	·	Expected Len	gth of Therapy:		Qty:				
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 (eg, 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:		es:	Diagnosis:						
FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION Alternate drug(s) contraindicated or previously tried, but with adverse outcome (eg, 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	Prescriber's Signature:		Date:						
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									
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: □ Other: □ Explain below		eviously tried, bu	it with adverse outcon	ne (eg, toxic	ity, allergy	, or			
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: □ Other: □ 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 outcome		dicated or tried;	(2) adverse outcome	for each; (3)) if therape	eutic failure,			
 □ 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: □ Other: □ Explain below 	☐ Complex patient with one or more chronic conditions (including, for example, psychiatric condition, diabetes) is								
 → 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: □ Other: 									
 □ 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									
 → 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	→ Specify below: (1) Dosage form(s) and/or dosage(s) tried; (2) explain medical reason								
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	☐ Request for formulary tier exception								
	effective as requested drug; (2) if the	herapeutic failur	e, length of therapy or						
REQUIRED EXPLANATION:	□ Other:					→ Explain below			
	REQUIRED EXPLANATION:								
Poguest for Expedited Poving									

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

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.