



## Medicare Part D Coverage Determination Request Form

<b>This form is being used for:</b>			
Check one: <input type="checkbox"/> Initial Request <input type="checkbox"/> Continuation of Therapy/Renewal Request			
Reason for request ( <i>check all that apply</i> ): <input type="checkbox"/> Prior Authorization <input type="checkbox"/> Formulary Exception <input type="checkbox"/> Quantity Exception <input type="checkbox"/> Compound Formulary Exception <input type="checkbox"/> Copay Tier Exception <input type="checkbox"/> Other ( <i>please specify</i> ): _____			
<b>Patient Information</b>			
Patient Name:		DOB:	
Drug Allergies :		Height/Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	ZIP:
Member ID #:		Plan Name:	
<b>Prescriber Information</b>			
Prescribing Clinician:		Office Phone#:	
Specialty:		Office Secure Fax#:	
NPI #:		DEA/xDEA:	
Address:	City:	State:	ZIP:
Contact Person (if different than provider):			
<b>Prescriber's or Authorized Representative Signature:</b>			<b>Date:</b>
<b>Medication Information</b>			
Medication Being Requested:			
Strength:	Quantity:	Directions:	
Diagnosis related to this request:			
ICD Code(s):			
If applicable, does the prescriber acknowledge or is aware that The American Geriatrics Society (AGS) considers the requested medication to be of high risk for patients 65 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the patient currently enrolled in HOSPICE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Previous Therapies Tried and/or Failed</b>			
Drug Name	Strength	Dates of Use	Description of Adverse Reaction or Failure

BayCare Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Health Plans depends on contract renewal.

Additional information related to this request (lab values, non-pharmacologic therapies, contraindications, explanations for exceptions, etc):

By checking this box, I attest this is an *urgent case*, meaning that an expedited determination is necessary to prevent serious threat to life, limb, or eyesight; or threatens the body's ability to regain maximum function; or is needed to manage severe pain.

**Information on this form is protected Health Information and subject to all privacy and security regulations under HIPAA**

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