Request for Prescription Information or Change

Medicare Prescription Drug Coverage

Provider Communication Form

TO: (Prescriber): _____ Date: _____

Fax: _____ Phone: _____

Patient Name: _____

Name of Drug Plan: _____ Plan Phone (if available): _____

Member Number: _____ Prescription Number: _____

PRESCRIPTION ISSUES

☐ The patient's drug plan has indicated that it will not pay for _____ _____ for this patient because:

- ☐ Prior authorization required
- ☐ Step therapy required. Plan will pay for _____
- ☐ Plan only authorizes _____ dosage units (tablets/capsules) per prescription
- ☐ Plan does not pay for dosage/format prescribed
- ☐ Drug is not on the formulary. NOTE:
  - ☐ Plan authorized one-time only payment for this drug
  - ☐ Plan did not authorize one-time payment
  - ☐ Other drugs on the formulary include (if available): _____ _____
- ☐ Other reason(s) _____

☐ The patient's drug plan covers this drug, but with a higher co-pay. Preferred drugs available at lower co-pay (if available): _____

☐ ***ACTION REQUESTED – Please Respond To Pharmacy:***

Pharmacist Requesting Action: _____

- ☐ **Urgent - patient is waiting**
- ☐ By next refill: _____ (Date)
- ☐ Provide alternative medication: _____
- ☐ Other recommended action: _____

For Fax Back:

Prescriber Signature: _____ **Date:** _____

☐ ***ACTION REQUESTED – Contact <u>Drug Plan</u> to Request:*** ☐ prior authorization ☐ formulary exception

☐ ***INFORMATION ONLY - No Immediate Action Necessary***

FROM:

Pharmacy Name: _____ Fax: _____ Phone: _____

E-mail: _____ Address: _____

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

Use of this form is endorsed by the Alzheimer's Association, American Medical Association, American Pharmacists Association, Center for Medicare Advocacy, Medical Group Management Association, National Community Pharmacists Association and the National Council on the Aging

The Centers for Medicare & Medicaid Services has reviewed this fax form, but does not require its use. Use of the form for communications between pharmacists and prescribers is voluntary. It is not a legal document. The official Medicare program provisions are contained in relevant laws, regulations, and rulings.

Rev. 12/2012