

Request for Prescription Information or Change

Medicare Prescription Drug Coverage
Provider Communication Form

TO: (Prescribing Physician): _____ 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 drug in 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 tiered 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:

Physician Signature: _____ **Date:** _____

ACTION REQUESTED – Contact Drug Plan to Request prior authorization formulary exception

INFORMATION ONLY - No Immediate Action Necessary

PLEASE NOTE: Medicare Part D does not pay for barbiturates, benzodiazepines, fertility drugs, drugs for weight loss or weight gain, drugs for hair growth, over-the-counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations).

FROM: Pharmacy Name: _____

Fax: _____ Phone: _____ e-mail: _____

Address: _____

*In formation 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 physicians is voluntary. It is not a legal document. The official Medicare program provisions are contained in relevant laws, regulations, and rulings.