



## Medicare Part D Coverage Determination Request Form

**This form is being used for:**

Check one:     Initial Request       Continuation of Therapy/Renewal Request

Reason for request (*check all that apply*):     Prior Authorization     Formulary Exception     Quantity Exception  
 Compound Formulary Exception     Copay Tier Exception     Other (*please specify*): \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_      DOB: \_\_\_\_\_  
 Drug Allergies : \_\_\_\_\_      Height/Weight: \_\_\_\_\_      Gender:  Male  Female  
 Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_  
 Member ID #: \_\_\_\_\_      Plan Name: \_\_\_\_\_

**Prescriber Information**

Prescribing Clinician: \_\_\_\_\_      Office Phone #: \_\_\_\_\_  
 Specialty: \_\_\_\_\_      Office Secure Fax #: \_\_\_\_\_  
 NPI #: \_\_\_\_\_      DEA/xDEA: \_\_\_\_\_  
 Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Contact Person (if different than provider): \_\_\_\_\_

**Prescriber's or Authorized Representative Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Medication Information**

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?     Yes     No  
 Is the patient currently enrolled in HOSPICE?     Yes     No

**Previous Therapies Tried and/or Failed**

Drug Name	Strength	Dates of Use	Description of Adverse Reaction or Failure

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.