



Fax to: Pharmacy Utilization Specialist
 Fax: #: 503-471-2176 or 877-577-8499
 Phone: 503-471-2126 or 877-577-8498

REQUEST FOR COVERAGE DETERMINATION

View Formulary and Guidelines @
<http://www.familycareinc.org> &/or <http://www.epocrates.com>

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). Only one medication request per form. All fields must be complete and legible for review.

<u>FOR MEDICARE MEMBERS ONLY</u>		BY SELECTING THE EXPEDITED REVIEW AND SIGNING THIS FORM BELOW, 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	
<input type="checkbox"/> STANDARD REVIEW [72 HOURS] <input type="checkbox"/> EXPEDITED REVIEW [24 HOURS]			
<u>PATIENT INFORMATION</u>		<u>PRESCRIBER INFORMATION</u>	
Patient Name:		Physician Name:	
Member ID#:		DEA#:	
Date of Birth:		Office Phone:	
Gender (check): <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Fax:	
Patient Phone:		Contact Person:	
<u>DIAGNOSIS AND MEDICAL INFORMATION</u>			
Medication Needed:		Strength:	Direction:
Quantity:			
ICD-9 Code # (required):		<input type="checkbox"/> New Prescription OR <input type="checkbox"/> Date Therapy Initiated:	
Drug Allergies:			
<u>RATIONALE FOR EXCEPTION REQUEST OR PRIOR AUTHORIZATION</u>			
<input type="checkbox"/> What other drugs has the patient tried, but with adverse outcome for this condition: (list drug , dose and duration)			
1. _____ 2. _____ 3. _____ 4. _____			
Please provide Clinical rationale and/or Medical Chart Notes to support medication requested and diagnosis: _____ _____ _____ _____			
Provider or Designated Representative: _____ Date of Request: _____			
<i>Signatures</i>			
Signature confirms that above clinical information is supported by medical information and can be provided if requested. As a federally funded program providing false information can result in a fraud and abuse investigation.			
<u>FOR PLAN USE ONLY</u>			
APPROVED:		APPROVED DURATION:	
DENIED:			INITIALS:

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