

# MEDICARE PART D HIGH RISK MEDICATIONS FORMULARY EXCEPTION INFORMATION

Please fax or mail the attached form to:

**TOLL FREE**

**Fax: 800-693-6703 Phone: 800-693-6651**

**Prime Therapeutics LLC**

**Attn: Medicare Appeals Department**

**1305 Corporate Center Drive**

**Eagan, MN 55121**

**Please read all instructions below before completing the attached form.**

- Please complete the attached Request for Coverage of a Non-Formulary Drug that is also considered a High Risk Medication in the elderly (patients 65 years of age and older).
- To prevent delays in the review process please complete all requested fields.
- Completed forms should be faxed to: **800-693-6703**. It is not necessary to fax this cover page.

## **Information about this Request for Coverage of a Non-Formulary Drug (Formulary Exception)**

Use this form to request coverage of a drug that is not on the member's formulary.

\*To view a list of the available formulary alternatives that are considered safer for the elderly please see page 3 of fax.

To process this request, documentation that all formulary alternatives have been previously tried, would not be as effective or would have adverse effects is required. Please provide clinical information or other evidence supporting the medical necessity of the non-formulary drug.

You can expedite this request by indicating its urgency at the top of the attached form. If you request an expedited review and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously harm the member's life, health, or ability to regain maximum function.

**CONFIDENTIALITY NOTICE:** This communication is intended only for the use of the individual entity to which it is addressed, and contains information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at 800-858-0723, and return the original message to Prime Therapeutics via U.S. Mail. Thank you for your cooperation.

**MEDICARE PART D  
HIGH RISK MEDICATIONS  
FORMULARY EXCEPTION  
PHYSICIAN FAX FORM**



ONLY the prescriber may complete this form. This form is for Medicare Part D prospective, concurrent, and retrospective reviews.

<b>Please fax or mail this form to:</b> <b>TOLL FREE</b> <b>Fax: 800-693-6703 Phone: 800-693-6651</b>	<b>Prime Therapeutics LLC</b> <b>Attn: Medicare Appeals Department</b> <b>1305 Corporate Center Drive</b> <b>Eagan, MN 55121</b>
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The following documentation is **REQUIRED**. For formulary information, please visit [www.myprime.com](http://www.myprime.com) and search for the appropriate health plan formulary. To submit this form electronically, please click [here](#) or go to [covermymeds.com](http://covermymeds.com).

**Per CMS requirements – all standard requests are completed within 72 hours (including weekends)**

If you request an expedited review and sign this form, you certify that applying the 72 hour standard review time frame could seriously harm the patient's life, health or ability to regain maximum function. Please check the box to request an expedited review:

**PATIENT, INSURANCE and PHYSICIAN/CLINIC INFORMATION**

**Today's Date:** \_\_\_\_\_

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):
Insurance ID Number:		Patient Telephone Number:	
Prescribing Physician's Name:	Physician NPI#:	Specialty:	Clinic Contact Person's Name:
Clinic Name:		Clinic Address:	
City, State, Zip:		Clinic Phone #:	Clinic Secure Fax #:

Is the patient a long term care facility resident?  Yes  No If yes, please provide the LTC facility contact's name, telephone and fax numbers

LTC Contact Name:	LTC Phone #:	LTC Secure Fax #:
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Medication Requested: \_\_\_\_\_ Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Quantity per Month: \_\_\_\_\_

Please list **ALL** diagnoses associated with use of medication. \*To be eligible for coverage, drug must be prescribed for a medically accepted indication as defined by Medicare law.

Diagnosis – ICD code plus description: \_\_\_\_\_

Diagnosis – ICD code plus description: \_\_\_\_\_

Diagnosis – ICD code plus description: \_\_\_\_\_

Is the patient currently treated with the requested medication (i.e this request is for a refill)?.....  Yes  No

List **ALL** previously attempted formulary (any formulary tier) alternatives\* (if applicable) that are considered safer for the elderly for the diagnosis being treated. Indicate any adverse effects requiring discontinuation and dates of use. **\*Please see page 3 of fax for alternatives**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

If no available formulary alternatives have been previously tried, please check this box:

**Medical Justification:** Please provide medical justification for the non-formulary high risk drug exception request. Please address why ALL formulary alternatives on any tier of the formulary for treatment of the same condition not yet attempted would not be as effective or would cause adverse effects.

If all formulary agents would not be as effective or would have adverse effects, please provide clinical rationale for perceived ineffectiveness or adverse effects for **each** alternative: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I attest that the information provided on this form is true and accurate as of this date:**

**Prescriber's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Blue Advantage (PPO) is a Medicare-approved PPO plan. Enrollment in Blue Advantage (PPO) depends on CMS contract renewal. Blue Advantage (PPO) is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.

The medications in the list below are included on the 2015 Pharmacy Quality Alliance (PQA) list of High Risk Medications to avoid in the elderly based on the American Geriatric Society's most recently published Beers list. Please consider alternative medications where medically appropriate.

High Risk Medication Class/Name	Formulary Alternatives***
<b>Allergy Medications:</b> brompheniramine, carbinoxamine, chlorpheniramine, clemastine, cyproheptadine, dexchlorpheniramine, diphenhydramine, hydroxyzine, triprolidine	levocetirizine, montelukast, fluticasone nasal spray**
<b>Medications that Stop Blood from Clotting:</b> ticlopidine, dipyridamole (short acting, not including the extended release combination with aspirin)	clopidogrel
<b>Medications for Parkinsons Disease:</b> benztropine (oral), trihexyphenidyl	selegiline, carbidopa/levodopa, ropinirole immediate release tablet, pramipexole immediate release tablet, entacapone
<b>Medications for Urinary Infection:</b> nitrofurantoin for more than 90 days	<b>To treat acute infection:</b> trimethoprim/sulfamethoxazole, ciprofloxacin, ofloxacin, amoxicillin-clavulanate, cephalexin <b>To prevent recurrent infections:</b> trimethoprim/sulfamethoxazole, ciprofloxacin, ofloxacin, cephalexin, Estrace vaginal cream or Vagifem vaginal tablets for postmenopausal women
<b>High Blood Pressure Medications:</b> guanfacine, methyl dopa, reserpine (more than 0.1 mg per day), nifedipine (immediate release only)	clonidine, thiazides (such as hydrochlorothiazide); generic ACE inhibitors (such as lisinopril or ramipril); generic ARBs (such as losartan** or irbesartan**); beta-blockers (such as atenolol or metoprolol); a calcium channel blocker (such as amlodipine or nifedipine extended release)
<b>Heart Medications:</b> digoxin (more than 0.125mg daily), disopyramide	Digoxin: Talk with your doctor about the possibility of lowering your dose to 0.125mg daily or lower Disopyramide: Talk to your doctor about a different alternative option
<b>Medications for Depression:</b> amitriptyline, clomipramine, doxepin (doses > 6mg daily), imipramine, trimipramine	<b>Depression:</b> desipramine, nortriptyline, trazodone, SSRI (such as sertraline**), SNRI (such as venlafaxine** or duloxetine**), mirtazapine**, bupropion**
<b>Antipsychotic Medications:</b> thioridazine	aripiprazole***, olanzapine***, Saphris***, haloperidol*, Fanapt***, Latuda***, quetiapine***, risperidone***, ziprasidone***
<b>Barbiturates:</b> Butisol, Nembutal, phenobarbital, Seconal	<b>Seizures:</b> divalproex, levetiracetam, lamotrigine, oxcarbazepine <b>Difficultly sleeping:</b> low dose trazodone, Silenor** (≤ 6 mg daily)
<b>Medications for Anxiety:</b> meprobamate, hydroxyzine	buprione**, SSRI (such as sertraline**, fluoxetine**, escitalopram**) SNRI (such as venlafaxine** or duloxetine**)
<b>Medications for Difficulty Sleeping:</b> eszopiclone, zolpidem, zaleplon, chloral hydrate, hydroxyzine, amitriptyline, doxepin (doses > 6mg daily)	Low dose trazodone, Silenor** (≤ 6mg daily)
<b>Medications to Dilate Blood Vessels:</b> ergoloid mesylates, isoxsuprine	galantamine, rivastigmine, donepezil, clopidogrel, cilostazol
<b>Hormones:</b> estrogens with or without progesterone, oral and topical (patches only): Premarin (oral), Prempro, Femhrt, Activella, Climara, Combipatch, Vivelle etc	<b>For hot flashes:</b> citalopram**, venlafaxine**, gabapentin** <b>For bone density:</b> bisphosphonates (such as alendronate** or ibandronate**), raloxifene (female only) <b>For vaginal symptoms or recurrent urinary infections:</b> Estrace vaginal cream or Vagifem vaginal tablets
<b>Medications for Diabetes:</b> chlorpropamide, glyburide	glimepiride**, glipizide**
<b>Medications for Nausea:</b> trimethobenzamide, promethazine	ondansetron*, granisetron*
<b>Pain Medications (Narcotic):</b> meperidine, pentazocine, butalbital/acetaminophen/caffeine (with or without codeine), butalbital/aspirin/caffeine (with or without codeine), butalbital-acetaminophen	<b>Mild to moderate pain:</b> codeine/acetaminophen**, non-steroidal anti-inflammatory (NSAID) such as ibuprofen for a short number of days (not indomethacin or ketorolac), topical non-steroidal anti-inflammatory (NSAID) such as diclofenac 1% gel* <b>Moderate to moderately severe pain:</b> hydrocodone/acetaminophen**, oxycodone/acetaminophen**
<b>Pain Medications (Non-Narcotic):</b> indomethacin, ketorolac, amitriptyline and imipramine (nerve pain)	<b>Acute gout pain:</b> oral non-steroidal anti-inflammatory (NSAID) such as naproxen, Colcrys, prednisone <b>Mild to moderate pain:</b> codeine/acetaminophen**, non-steroidal anti-inflammatory (NSAID) such as ibuprofen for a short number of days (not indomethacin or ketorolac), topical non-steroidal anti-inflammatory (NSAID) such as diclofenac 1% gel* <b>Moderate to moderately severe pain:</b> hydrocodone/acetaminophen**, oxycodone/acetaminophen** <b>Nerve pain relief:</b> desipramine, nortriptyline, duloxetine**, Lyrica, gabapentin**, Lidoderm/lidocaine patch***
<b>Muscle Relaxants:</b> carisoprodol, chlorzoxazone, cyclobenzaprine, metaxolone, methocarbamol, orphenadrine	tizanidine, non-steroidal anti-inflammatory (NSAID) such as ibuprofen for a short number of days (not indomethacin or ketorolac), topical non-steroidal anti-inflammatory (NSAID) such as diclofenac 1% gel*
<b>Anorexia/Cachexia:</b> Megace, megestrol	mirtazapine**

\*May require additional authorization variable by formulary. \*\*Quantity limits apply. \*\*\*Formulary Alternatives are accurate as of 9/1/16. Formularies are subject to change. For up-to-date formulary status and Prior Authorization requirements, please visit the website [www.myprime.com](http://www.myprime.com).