



MEDICATION EXCEPTION REQUEST FORM

Date of Submission:

Action Needed: Routine Urgent Emergent

<input type="checkbox"/> Request for all other medications: FOR COMMERCIAL MEMBERS: Verbal Prior Authorizations are available by calling Catalyst Rx at 1-866-643-6681, or Complete and fax to Catalyst Rx at 888-800-9602 FOR MEDICARE MEMBERS: Verbal Prior Authorizations are available by calling Medco at 1-800-935-6103 or complete and fax to Medco at 1-888-235-8551 <i>Note: Hepatitis C and Growth Hormone medication auths are not available via the verbal PA process</i>	<input type="checkbox"/> Request for any medication below: <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>+Actemra+</td><td>Intron-A</td><td>Makena</td><td>+Procrit+</td><td>Supprelin LA</td></tr> <tr> <td>+Aranesp+</td><td>+IVIG+</td><td>+Neulasta+</td><td>Provenge</td><td>Synagis</td></tr> <tr> <td>Benlysta</td><td>Jevtana</td><td>Neumega</td><td>+Remicade+</td><td>Tysabri</td></tr> <tr> <td>Botulinum toxin</td><td>Krystexxa</td><td>+Neupogen+</td><td>+Rituxan+</td><td>Xolair</td></tr> <tr> <td>Cinryze</td><td>+Leukine+</td><td>Nplate</td><td>Soliris</td><td>Yervoy</td></tr> <tr> <td>+Epogen+</td><td>Lupron Depot</td><td>+Orencia+</td><td>+Stelara+</td><td></td></tr> </table> <p>+ Contact ICORE at 800-424-1740 for PA on MD office administered drugs indicated with a "+" only, or Complete and fax to AvMed at 800-552-8633 for all others</p>	+Actemra+	Intron-A	Makena	+Procrit+	Supprelin LA	+Aranesp+	+IVIG+	+Neulasta+	Provenge	Synagis	Benlysta	Jevtana	Neumega	+Remicade+	Tysabri	Botulinum toxin	Krystexxa	+Neupogen+	+Rituxan+	Xolair	Cinryze	+Leukine+	Nplate	Soliris	Yervoy	+Epogen+	Lupron Depot	+Orencia+	+Stelara+	
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PATIENT INFORMATION				
Member ID		Date of Birth		Is Member Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Member Name		Height	Weight	
Diagnosis		Diagnosis (ICD-9) Code		

DELIVERY – ADMINISTRATION INFORMATION	
<input type="checkbox"/> In-office (MD to supply and administer) <input type="checkbox"/> Retail pharmacy Pickup <input type="checkbox"/> CuraScript – patient delivery (self inject) <input type="checkbox"/> CuraScript – MD office delivery	If being administered in an out-patient facility setting: Name of Facility: _____ Facility Provider Number: _____

ADDITIONAL MEDICATION INFORMATION			
Drug Name		Quantity	
Directions for Use		<input type="checkbox"/> New Therapy <input type="checkbox"/> Continuation of Therapy	
If Continuation of therapy, indicate the member's therapeutic response:			
Duration of Therapy		Procedure Code	
Reason for Request			

ADDITIONAL MEDICAL INFORMATION
Please list alternative therapies previously tried and failed, including dose, length of therapy and adverse outcome:
MUST ATTACH OFFICE NOTES AND CURRENT LAB RESULTS. <i>Incomplete forms and/or inadequate documentation may result in denial.</i>

PHYSICIAN INFORMATION			
Physician Name		Physician Specialty	
NPI #		AvMed Provider #	
Phone Number		Fax Number	
Office Contact Name		Physician Signature	

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PROTON PUMP INHIBITORS, ARBS, STATINS, CELEBREX

List alternative therapies previously tried and failed, including dose, length of therapy and adverse outcome:

ITRACONAZOLE (SPORANOX)

Provide lab exam results that confirm presence of dermatophytes & documentation of other underlying conditions/diagnoses present:

ANDRODERM, ANDROGEL, AXIRON AND FORTESTA

Provide lab exam results with baseline testosterone levels:

RESTASIS

List alternative therapies previously tried and failed as well as prescribing physician specialty:

CIMZIA, ENBREL (PREFERRED), HUMIRA (PREFERRED), SIMPONI

Provide diagnosis, progress notes, appropriate labs (if applicable), previous tried/failed therapies and documentation of successful therapy:

RIBAVIRIN, PEGASYS AND INCIVEK (HEP C MEDS) NOT AVAILABLE BY VERBAL PA

Provide lab results (HCV RNA viral load, liver biopsy, liver enzymes, INR and genotype); medications to be reviewed together:

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