CDPHP Prior Authorization/ Medical Exception Request Form

Fax or mail this form back to:
CDPHP Pharmacy Department, 500 Patroon Creek Blvd., Albany, New York 12206-1057
Phone: (518) 641-3784 • Fax: (518) 641-3208

Patient Information

Last Name:______________________ First Name:______________________

Member ID#: ______________________ Date of Birth:______________________

Please check one: ◯ Medicare ◯ Select Plan (Medicaid) ◯ Other Plan Type ____________

Pharmacy and Phone *(if known)*: ______________________

Drug Information

Drug Requested:______________________ Strength: ______________________

Dosing Regimen: ______________________

Servicing Provider/Facility (for medical benefit drugs) if different from requesting provider:

______________________ TAX ID#/NPI (of facility): ______________________

Questions

1. Had the patient previously received this drug? . . . . ◯ Yes ◯ No

   How long has the patient been on this drug? ______________________

2. If this patient had a documented allergy/adverse reaction on formulary medications, describe:

   ____

3. Document prior therapy and outcomes of each therapy. *(Include details of dose and duration of therapy)*

   ____

4. Patient Diagnosis:

   ____

   Diagnosis Code *(required)*: ______________________

5. Describe patient-specific medical rationale:______________________

• Please complete the corresponding section for the specific drug/drug classes listed below if applicable •

For high-risk medications in the elderly (e.g., amitriptyline, cyclobenzaprine, doxepin, estrogens, eszopiclone, hydroxyzine, promethazine, zolpidem):

Does the provider acknowledge that the benefits outweigh the risks for this patient? ◯ Yes ◯ No

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For weight loss medications:

1. Weight and date taken (must be within last 30 days)____________________
2. Height ____________________ BMI (if known) ____________________
3. (BMI 27-29.9 only) Comorbid conditions ____________________
4. Current provider led diet/exercise program____________________
5. Current length of provider led diet/exercise program____________________

For migraine medications:

1. Migraine days per month (how long at that level): ____________________
2. Treating (acute) migraines: Triptan class medication trialed: ____________________

   ____
3. Preventing (chronic) migraines: Oral preventives trialed (i.e., beta blockers, topiramate, etc.)

   ____

For brand name antipsychotics (Vraylar, Rexulti, Caplyta, Lybalvi):

1. Previous trials of antipsychotics (drug, dose, and length of trial) (i.e., ariprazole, lurasidone,quetiapine, etc.)

   ____
2. Previous trials of antidepressants (for bipolar depression or major depressive order only) (i.e., SSRI, SNRI, Bupropion, etc.)

   ____
3. Previous trials of mood stabilizers (for bipolar I (manic/mixed only) (i.e., valproic acid, lamotrigine, lithium, etc.) ____________________

Prolia (for Osteoperosis only):

4. T-score (date and location of lowest score) or FRAX score and date done ____________________
5. Oral bisphosphonate (drug, dose, length of trial)____________________
6. IV bisphosphonate (drug, dose, length of trial)____________________

Practitioner Information

Practitioner Signature:____________________

Practitioner Name:____________________ Practitioner Phone #:____________________

EIN:____________________ NPI #:____________________

Address:____________________ Fax # (for fax notification):____________________

____________________ Nurse Contact:____________________ Ext:________

____________________ Date of Request:____________________

Please note: In order for this request to be considered complete, all sections must be filled in. All chart notes, including documentation of samples given, and lab data noted on this form may be requested for documentation of accuracy prior to a determination being rendered. Failure to respond to requests for such additional documentation or additional necessary information may result in the request being denied.

CDPHP reserves the right to review and audit charts as defined in the Participating Physician Agreement, Section 12.3.

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