



FIDELIS CARE MEDICATION REQUEST FORM (9/15/2016)

Copies of this form and additional information available at http://www.fideliscare.org/pharmacy

Complete form and fax to 1-877-533-2405. Fidelis Care will notify you within 3 business days as to what determination has been made. If you have any questions, please dial 1-888-FIDELIS (1-888-343-3547) and follow the appropriate prompts. To avoid unnecessary delays, PLEASE PRINT NEATLY AND COMPLETE THE FORM IN ITS ENTIRETY.

Member name (last, first) \_\_\_\_\_ Member ID # \_\_\_\_\_
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex Male  Female 
Prescriber name \_\_\_\_\_ Specialty \_\_\_\_\_ Contact Person \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
Phone # \_\_\_\_\_ Ext \_\_\_\_\_ Fax # \_\_\_\_\_

Medical Benefit Requests Only
J-code \_\_\_\_\_ Units Requested \_\_\_\_\_ Requested date(s) of service: \_\_\_\_\_
Facility Name \_\_\_\_\_ Tax ID # / NPI # \_\_\_\_\_

Medication Requested (strength, route, frequency, duration, and quantity) \_\_\_\_\_ Brand name only  Generic substitution OK

If applicable, please provide rationale for need of a non-preferred / non-formulary product \_\_\_\_\_

Current Diagnosis / ICD-10 and Other Significant Medical History (hard copy chart notes preferred) \_\_\_\_\_

Relevant lab results, x-rays, diagnostic tests supporting request, or verify absence of contraindications (hard copy lab results preferred) \_\_\_\_\_

Relevant past/present therapy (RX, OTC, non-pharmacological): (Must include dates to avoid delays; attach comprehensive list from chart notes)

Table with 4 columns: Drug (dose, route, frequency), Start Date, Stop Date, Detailed Outcome. Contains 4 empty rows for data entry.

How will the therapeutic outcome of this drug be monitored, including adverse drug events? \_\_\_\_\_

What is the baseline of this outcome prior to starting therapy? \_\_\_\_\_

Has the patient previously been on the requested medication? Yes  No  (If yes, provide start date and explain benefit of therapy)

Important Please provide relevant clinical information that will help us to facilitate processing of your request including but not limited to: (MUST BE INCLUDED TO AVOID DELAYS; member chart notes, hard copy of lab results preferred)

- Rheumatoid Arthritis: past and current DMARDs, PPD results, RF
Multiple Sclerosis (MS): past drug history, outcomes, current progress, MRI
Erythropoietins (Procrit, Aranesp): CBC (H/H), ferritin, transferrin saturation
Colony Stimulating Factor (Neupogen, Leukine): CBC (ANC)
Growth Hormone: growth chart, stim test, bone age, IGF1, IGFBP3, parental height
IV iron: past oral iron use, Hgb, Hct
Enteral Nutrition: feeding tube, malabsorption disorder, B-code for medical benefit
Hepatitis C: see specialized form found at http://www.fideliscare.org/pharmacy
Xolair: IgE level, results of skin/blood test, FEV1
Synagis: member's gestational age and risk factors
Hyperlipidemia: past statin use, recent lipid panel
Diabetes: latest A1C results, past metformin use with doses
Androgens: total testosterone level collected by 10am (hard copy required)
HIV: viral load, resistance testing, tropism testing, treatment history

URGENT REQUEST CHECK  If the request is for a life threatening condition that is dependent on a priority review from the Fidelis Care Pharmacy Department (such as cardiovascular conditions like arrhythmia), you may request an expedited review. Medications for hyperlipidemia, growth hormones, allergic rhinitis, and other non-urgent use will be completed within 3 days and will NOT be expedited. Please be considerate of other providers and patients who are also requesting prior authorization.

I attest that this information is accurate and true, and that the supporting documentation is available for review upon request of said plan, the NYSDOH or CMS. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a Medicaid MC claim may be subject to civil penalties and treble damages under both federal and NYS False Claims Acts. As indicated in the NYSDOH Medicaid Update (2/201, Volume 3, No. 02), third party phone or fax requests will not be accepted. If a prescriber grants a pharmacy the authority to handle his/her PA requests, the prescriber's actions would be considered "patient steering," as this arrangement does not give the patient a choice as to where they go to get their drugs. Per the Medicaid Update, this action may be reported to the Office of Medicaid Inspector General.

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_