



NON-FORMULARY DRUG REQUEST FORM

(Incomplete form may delay processing)

Prescriber Information		Patient Information	
Physician Name:		Patient Name:	
Office Contact Person:		Patient ID # :	
Office Phone # :	Office Fax # :	Home Phone # :	
Address:		Sex (circle): M F	DOB:
City:	State:	Zip:	

FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION

- Medication Requested** (name, strength, dosage form): _____
- Diagnosis** this medication is used for: _____
- Is this medication a **new prescription** for the patient? YES NO
- List **alternative formulary drugs this patient has tried** for their condition, including the formulary **generic equivalent**, if one is available for any brand requested. **CLINICAL INFORMATION IS REQUIRED** about past effectiveness or side effects of the formulary alternative(s) for this patient. _____

OR

- If, in your opinion, the alternative formulary drugs would not be as effective in treating the member's condition and/or would cause the member to have adverse effects**, please supply clinical rationale for expected differences in efficacy and/or adverse effects between therapeutically similar alternative products. **(CLINICAL INFORMATION IS REQUIRED if this pertains to your patient.)** _____

- If this request is for a **Non-Formulary HIGH RISK medication (see page 2)**, you **MUST** check each answer below:
 - Has a risk/benefit assessment been conducted for use of the requested drug in this patient 65 years of age or older and do the benefits of the drug outweigh the risks for this patient? YES NO
 - Have the potential side effects and risks of the requested drug been discussed with the patient or authorized representative of the patient? YES NO

Note: the following must be met for approval of any non-formulary drug:

- Member must have tried and failed at least one alternative formulary drug for this member's condition. If an equivalent generic drug is available and covered on formulary, that generic must have been tried and failed; **OR**
- Please provide an explanation if alternative formulary drugs would *not* be as effective in treating the member's condition and/or would cause the member to have adverse effects.

I certify that, to the best of my knowledge, the above information is accurate. I have done a risk assessment for this drug in this patient and the benefit outweighs the risk.

Physician Signature: _____ Date: _____

PLEASE NOTE: A request received without supporting clinical documentation may be denied.

Please Return Completed Form to: Fax number: 1-888-446-8440 | Provider Line Telephone: 1-888-298-7552
Address: Blue Medicare Rx. Attn: Part D Coverage Determinations
P.O. Box 17509, Winston-Salem, NC 27116-7509

The medications in the list below are included on the Pharmacy Quality Alliance (PQA) list of High Risk Medications to avoid in the elderly based on the American Geriatric Society.

Please consider alternative medications where medically appropriate. **This list is NOT all-inclusive.**

NON-FORMULARY Medications Considered HIGH RISK in Patients ≥ 65 years of age	POTENTIAL FORMULARY ALTERNATIVES
Anticholinergics: First-generation antihistamines (as single agent or as part of combination products) <ul style="list-style-type: none"> • Hydroxyzine pamoate • Promethazine injection • Carbinoxamine • Chlorpheniramine • Clemastine • Dexchlorpheniramine • Diphenhydramine (oral) 	levocetirizine
Anticholinergics: Antiparkinson agents <ul style="list-style-type: none"> • Trihexyphenidyl 	selegiline, carbidopa/levodopa, ropinirole, pramipexole, entacapone
Antithrombotics <ul style="list-style-type: none"> • Ticlopidine 	clopidogrel
High blood pressure medications <ul style="list-style-type: none"> • Guanfacine • Methyldopa • Reserpine • Nifedipine, immediate release 	hydrochlorothiazide, lisinopril, ramipril, losartan**, atenolol, metoprolol, amlodipine
Cardiovascular, other <ul style="list-style-type: none"> • Disopyramide 	amiodarone, flecainide
Barbiturates (as single agent or as part of combination products) <ul style="list-style-type: none"> • Butabarbital • Pentobarbital • Secobarbital 	divalproex, levetiracetam, lamotrigine, carbamazepine
Central Nervous System, other <ul style="list-style-type: none"> • Meprobamate 	buspirone, fluoxetine**, citalopram**, paroxetine**, venlafaxine**, or duloxetine**
Nonbenzodiazepine hypnotics <ul style="list-style-type: none"> • Eszopiclone 	low dose trazodone
Sulfonylureas, long-duration <ul style="list-style-type: none"> • Chlorpropamide 	glimepiride**, glipizide**
Endocrine <ul style="list-style-type: none"> • Estrogens with or without progesterone, such as Climara, Vivelle-Dot, Minivelle, Elestrin 	For hot flashes: fluoxetine**, venlafaxine** For bone density: alendronate**, raloxifene (females only) For vaginal symptoms: Estrace vaginal cream or Premarin vaginal cream
Gastrointestinal <ul style="list-style-type: none"> • Trimethobenzamide 	prochlorperazine, ondansetron, ondansetron ODT
Opioids <ul style="list-style-type: none"> • Meperidine • Pentazocine 	Mild to moderate pain: acetaminophen/codeine**, non-steroidal anti-inflammatory drugs (NSAIDs) such as Celebrex**, Voltaren Gel* Moderate to moderately severe pain: hydrocodone/acetaminophen**, oxycodone/acetaminophen**
Non-COX-selective NSAIDs (includes oral and injectable routes only) <ul style="list-style-type: none"> • Indomethacin 	Mild to moderate pain: acetaminophen/codeine**, non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, Voltaren Gel* Moderate to moderately severe pain: hydrocodone/acetaminophen**, oxycodone/acetaminophen**
Skeletal muscle relaxants (as a single agent or as part of a combination product) <ul style="list-style-type: none"> • Carisoprodol • Chlorzoxazone • Metaxalone • Orphenadrine 	baclofen, tizanidine

*May require additional authorization, varies by formulary.

**Quantity limits may apply, varies by formulary.