

**Instructions:**

This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (858) 790-7100 or please call (800) 788-2949 with this information. If you have questions regarding this process, contact MedImpact's Customer Service at (800) 788-2949.

**Review Criteria:**

The following criteria are used in reviewing medication requests:

1. The use of the formulary agents is contraindicated in the patient.
2. The patient has failed an appropriate trial of the formulary agents.
3. Choices available in the formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of the formulary agents may provoke an underlying medical condition that would be detrimental to patient care.

**URGENT REQUESTS** Please check the box(s) below, if applicable. **(Required if Urgent Request):**

- Medication prescribed on recent hospital discharge or from an emergency medical visit. Date of discharge/visit: \_\_\_\_\_
- Therapy in which a delay may result in significant morbidity or mortality.

**Medication Request Information (please complete each section of this form prior to submission):**

<u>Patient Name (required):</u>	<u>Physician Name/Specialty (required):</u>
<u>Patient ID # (required):</u>	<u>Provider DEA Number:</u>
<u>Patient DOB (required):</u>	<u>Provider Medi-Cal Number:</u>
<u>Diagnosis (required):</u>	<u>Physician Area Code and Telephone Number (required):</u> (     ) -
<u>ICD-9 Code (required):</u>	<u>Physician Area Code and Fax Number (required):</u> (     ) -
<u>Drug Requested (required):</u>	<u>Strength:</u>
<u>Dose:</u>	<u>Length of Treatment:</u>
<u>Medical Justification (Please check all that apply):</u> <input type="checkbox"/> Patient failed a trial of PhosLo (calcium acetate) <input type="checkbox"/> Patient has hypercalcemia <input type="checkbox"/> Patient has vascular or soft tissue calcifications <input type="checkbox"/> Patient has low PTH <input type="checkbox"/> Other: _____	