

Inside this issue: Requests for Non-Subsidized or Non-Formulary Medications

## Authorization request forms are now available via webform!

The request process for non-subsidized and non-formulary medications is designed to assist CareLink members in obtaining medications that are not funded by the CareLink program. The request form for non-subsidized and non-formulary drugs (available via webform on the UHS/CareLink Intranet at <http://www.universityhealthsystem.com/carelink/formulary-request.shtml>) should serve as the mechanism for providers and CareLink to communicate about the need for an exception for coverage of a drug. The form is intended for internal, provider use only; it should not be distributed to patients.

Requesting prescribers can initiate requests by:

- Downloading and faxing the paper form from the CareLink website at: <http://www.universityhealthsystem.com/carelink/carelink-provider-info.shtml>

OR

- Completing the form online via the secure webform!

All requests must include the following information before they will be reviewed:

1. Member demographics (Date of birth, Medical Record Number, and Diagnosis)
2. Medical information such as drug, dosage, frequency, and estimated lengths of therapy
3. Rationale for the use of non-subsidized medication to support medical appropriateness
4. Documentation of previously used medications or problems encountered during the course of therapy
5. Prescriber information (location/department, contact number)
6. Any other pertinent medical information such as allergies to support the need of non-subsidized medication

Responses will be returned to requesting providers within three working days. Final, evidence-based determinations will be made by the CareLink Manager of Pharmacy Programs or another designee.

# CareLink



Phone: 358-3224 Fax: 358-3274

## Request Form for Non-Subsidized and Non-Formulary Medications

**PROVIDERS:** Payment for prescriptions requiring pre-authorization is contingent upon verification of current eligibility and applicable formulary specifications and availability at the time of services. Please allow two business days for processing. Incomplete requests may require additional time for review.

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
MRN#: \_\_\_\_\_ Diagnoses: \_\_\_\_\_  
Requesting Prescriber: \_\_\_\_\_ Dept: \_\_\_\_\_  
Provider Ext/Pager: \_\_\_\_\_ Provider Fax#: \_\_\_\_\_  
Medication Requested: \_\_\_\_\_ Dosage Strength: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Estimated Length of Therapy: \_\_\_\_\_  
Pharmacy Location: (circle one) UH UHC-D UFHC-SE UFHC-SW UCCH  
Reason for Non-Subsidized Medication: \_\_\_\_\_

Previous Medications Used for this Diagnosis: (indicate any problems w/previous Rx): \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE. CARELINK USE ONLY.

Patient CareLink Eligible: Yes / No Enrollment Expiration Date: \_\_\_\_\_

Enrollment in Good Standing: Yes / No If No, Reason: \_\_\_\_\_

Requesting Prescriber Notified: Yes / No

Literature Sent to Prescriber: Yes / No

Action Taken: \_\_\_\_\_

Pended: \_\_\_\_\_ Lacks additional medical information  
\_\_\_\_\_ Lacks NSAID assessment form  
\_\_\_\_\_ Other \_\_\_\_\_

Denied, Reason: \_\_\_\_\_

Alternate Resources Available. Specify: \_\_\_\_\_

Approved (CareLink subsidization) \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_