



Medicare Part D Coverage Determination Request Form for Estradiol

Instructions: Please complete ALL FIELDS and fax this form to WellCare's Pharmacy Department at **1-877-277-1809**.
 Formulary and utilization management criteria may be reviewed at www.easychoicehealthplan.com

Who is making this request? Provider

Appointed Representatives: Please include a signed Appointment of Representative form (CMS-1696) or equivalent notice.

REQUEST FOR EXPEDITED REVIEW (24 HOURS)

By checking the expedited box, the requestor certifies that applying the 72-hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

***REQUIRED FIELDS – ONE medication per form**

*Member Name:		*Date of Request:	
*<WellCare/Ohana/Easy Choice> ID #:	*Date of Birth:	*Physician FULL Name/Specialty:	
*Member's Telephone Number:		*Physician Signature:	
*Diagnosis of Requested Medication:		*Contact Name at MD Office:	*Physician NPI:
*Medication, Strength, and Route of Administration:		*Physician Phone #:	*Physician Fax #:
		Pharmacy Name:	Pharmacy Phone #:
*Frequency:	*Quantity:	*Duration of Therapy:	*Drug Allergies:

PLEASE COMPLETE THIS SECTION IF THE PATIENT IS 65 OR OLDER:
*For vaginal dryness, vaginal atrophy, dyspareunia, hot flashes, and post-menopausal osteoporosis, answer questions 1-3.
 For all other indications, answer only question 3.*

- 1) Has the patient tried a non-high risk medication (HRM) alternative formulary drug?
*(For vaginal dryness, vaginal atrophy, dyspareunia: Estrace vaginal cream;
 For hot flashes (at least two): citalopram, venlafaxine ER, desvenlafaxine succinate, or gabapentin;
 For Post-Menopausal Osteoporosis (at least two): alendronate, risedronate, or raloxifene)*
 YES NO

- 2) Does the patient have a contraindication, intolerance, or an inadequate treatment response to a non-HRM alternative formulary drug?
*(For vaginal dryness, vaginal atrophy, dyspareunia: Estrace vaginal cream;
 For hot flashes (at least two): citalopram, venlafaxine ER, desvenlafaxine succinate, or gabapentin;
 For Post-Menopausal Osteoporosis (at least two): alendronate, risedronate, or raloxifene)*
 YES NO

- 3) Does the prescriber acknowledge that medication benefits outweigh potential risks for this patient? YES
 NO

Rationale for Request
