

REQUEST FOR AN ALTERNATIVE CONTRACEPTIVE DRUG, DEVICE, OR PRODUCT FOR PATIENTS COVERED UNDER A NY HEALTH INSURANCE POLICY (other than self-funded ERISA coverage, Medicaid, Medicare, and TRICARE)

Health care providers must complete this form and send it to their patient's insurer to obtain coverage of a contraceptive drug, device, or product that is not on the insurer's drug formulary if the therapeutic and pharmaceutical equivalent versions of a contraceptive drug, device, or product on the formulary are not available or are deemed medically inadvisable. Insurers must cover a non-formulary contraceptive drug, device, or product without cost-sharing upon the recommendation of the patient's health care provider.

Patient's Information		
Patient's Name	Date of Birth	
Patient's Address		
City	State	Zip Code
Health Insurer Name	Patient's Member ID #	

Attending Health Care Provider's Information		
Name		
Address		
City	State	Zip Code
Office Phone	Fax	
Tax ID # / NPI # (if available)	Facility Name (if applicable)	
Office Point of Contact (optional)	Preferred Contact Method	

Alternative Contraceptive Drug, Device, or Product Request (to be completed by the attending health care provider)

The covered therapeutic and pharmaceutical equivalent versions of a contraceptive drug, device, or product are: (check one)

- Not available; OR
- Deemed medically inadvisable.

Requested Alternative Contraceptive Drug, Device or Product: (complete applicable items)
 I, the patient's attending health care provider, in my reasonable professional judgment, have determined that the use of the non-covered therapeutic or pharmaceutical equivalent of a contraceptive drug, device, or product listed below is warranted.

Contraceptive Drug/Device/Product Name	Strength	Quantity per Month
J-code	Units Requested	Proposed Date of Service

Check if a generic equivalent may be substituted for the requested contraceptive drug, device, or product.

Expedited (Fast) Decision (to be completed by the attending health care provider if applicable)

If the attending health care provider believes that waiting 72 hours for a standard decision could seriously harm the patient's life, health, or ability to regain maximum function, or the patient is undergoing a current course of treatment using a non-covered contraceptive drug, device, or product, you can ask for an expedited (fast) decision.

The patient's health care provider is asking for a decision within 24 hours because: (check one)

- Waiting 72 hours for a standard decision could seriously harm the patient's life, health, or ability to regain maximum function.
- The patient is undergoing a current course of treatment using a non-covered contraceptive drug, device, or product.

Signature

I certify that the information provided in this form is accurate to the best of my knowledge.

Health Care Provider's Signature	Date

Send the completed form to:

Fax Number:

[Insert insurer fax number(s)]

You may also request coverage of an alternative contraceptive drug, device, or product at [insert insurer telephone number] or through our website at [insert insurer web address] [or you can submit a request for coverage online via electronic prior authorization (ePA) by using CoverMyMeds.com or any ePA enabled EMR software]. We will process your request within 72 hours of receipt for a standard request or 24 hours from receipt for an expedited request. We will notify the provider using the preferred contact method when the request has been processed. You may contact us at [insert insurer telephone number] with any questions, including on the status of the request.