



**Presbyterian MediCare PPO/Senior Care (HMO) Systemic Estrogen Prior Authorization Form**

The Centers for Medicare and Medicaid Services (CMS) consider the use of systemic estrogen products to be high-risk in the elderly due to an increase in the risk of developing cardiovascular disease and cancer and/or cancer related death. **Effective January 1, 2015, Presbyterian will require a prior authorization for systemic estrogen containing products for MediCare PPO/Senior Care (HMO) members age 65 years or older.**

FAX completed form to Presbyterian Pharmacy Services Department at: <b>(505) 923-5540 or 1-800-724-6953</b>		If you have any questions about this form, please call <b>(505) 923-5757 or 1-888-923-5757</b>	
<b>PATIENT INFORMATION</b>			
Name:		Date of Birth:	
Member ID Number:		SSN:	
<b>MEDICATION INFORMATION</b>			
Drug:		Dosing:	
Strength:		Diagnosis:	
<b>Please provide chart notes documenting the following:</b>			
<ol style="list-style-type: none"> <li>1. Patient diagnosis</li> <li>2. Other medications tried and failed</li> <li>3. Date of most recent mammogram</li> </ol>			
<b>Please consider the use of the following formulary alternatives in place of a systemic estrogen product:</b>			
<b>Diagnosis</b>		<b>Formulary alternatives</b>	
Vaginal Atrophy which may cause vaginal dryness, burning, or painful intercourse		Estrace Vaginal Cream Estring Premarin Vaginal Cream Vagifem	
Vasomotor symptoms of menopause*		clonidine immediate release tablet or transdermal patch citalopram fluoxetine gabapentin paroxetine venlafaxine immediate release or extended release capsule	
*Off label us is supported by a minimum of a Class IIb strength of recommendation in DRUGDEX®			
<b>PHYSICIAN INFORMATION</b>			
Name:		NPI#	
Specialty		Fax:	
Phone:		Date:	
Physician Signature:			
<b>ALL OF THE ABOVE INFORMATION AND DOCUMENTATION MUST BE RECEIVED IN ORDER TO PROCESS THE REQUEST</b>			

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