

Pharmacy Formulary Exception Request Form

Please fax this back to Pharmacy Services

Fax Number
1-888-260-9836

Phone Number
1-888-261-1756

Please note: Incomplete forms may result in delayed processing and/or an adverse determination for insufficient information

Patient Information				
Patient Name:			Date of Birth:	
Home Phone:		Insurance ID#		
Provider Information				
Prescriber Name:				
Office Phone:		Mailing Address:		
Office Secure Fax:				
Medical necessity for Brand Name Contraceptives				
<input type="checkbox"/> By checking this box you are certifying that a brand name contraceptive is medically necessary.				
Medication and Diagnosis Information				
Medication (Drug Name and Strength):			Length of Therapy	
			start date	end date
Quantity/Month:	Diagnosis:	ICD-10:		
Clinical Rationale for the Non-Formulary Request				
List Prior Medications		Reason Therapy Stopped		Length of Therapy
				start date
				end date
Other clinical rationale that is pertinent to this request: 				
Request for Expedited Review (Determination within 24 hours)				
Exigent circumstance: Applies to formulary exception requests when a patient is suffering from a health condition that may seriously jeopardize the enrollee's life, health or ability to regain maximum function				
<input type="checkbox"/> By checking this box and signing below , you are certifying that this is an expedited request due to an exigent circumstance and that the 72-hour standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function. The request will not be handled as an expedited request unless the box is checked and prescriber's signature is included.				
Prescriber's Signature:			Date:	

Please make sure to submit relevant chart notes along with this fax-back sheet

Unless specifically requested elsewhere in this document, please do **not** send a DNA or other genetic sample, or the results of any genetic typing, test or analysis, including DNA.