

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	Prescriber Information
Patient Name:	Prescriber name:
Insurance ID#	Mailing Address:
Date of Birth:	Office Phone:
Home phone:	Office Secure Fax:

Medication and Diagnosis Information	
Medication (name and strength):	Quantity requested:
Diagnosis or ICD code:	Duration of Therapy:

Clinical rationale for the Non-formulary request			
Prior Medications	Adverse reaction	Treatment failure	Length of Therapy
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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

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
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