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Formulary Exception Request (Page 1 of 2)
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This form may be faxed to 844-403-1029.

Member Information (required) — Provider Information (required)

Member Information (required)	Provider Information (required)		
Member Name:	Provider Name:		
Insurance ID#:	NPI#:	Specialty:	
Date of Birth:	Office Phone:		
Street Address:	Office Fax:		
City: / State: / ZIP:	Office Street Address:		
Phone:	City:	State:	ZIP:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
	Directions for Use:	

Clinical Information (required)

What is the patient's diagnosis for the medication being requested?

ICD-10 Code(s): _____

What medication(s) has the patient tried and had an inadequate response to? (Please specify <u>ALL</u> medication[s]/strengths tried, length of trial and reason for discontinuation of each medication.)

What medication(s) does the patient have a contraindication or intolerance to? (Please specify <u>ALL</u> medication[s] with the associated contraindication or specific issues resulting in intolerance to each medication.)

Are there any supporting labs or test results? (Please specify.)

Quantity limit requests:
What is the quantity requested per DAY? _____
What is the reason for exceeding the plan limitations?
❑ Titration or loading dose purposes
❑ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
❑ Requested strength/dose is not commercially available
❑ Patient requires a greater quantity for the treatment of a larger surface area **[topical applications only]**
❑ Other: _____

Information on this form is accurate as of this date.

Prescriber's Signature:	**Date:**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: **This request may be denied unless all required information is received.**
For more information about the prior authorization process, please contact us at 855-811-2218.
Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern

Office use only: Formulary-Exception_2020Aug