



NON-FORMULARY/BRAND MEDICALLY NECESSARY DRUG EXCEPTION FORM

FAX COMPLETED FORM TO: (410) 849-0617

SECTION 1 - MEMBER INFORMATION			
First Name:	Last Name:	Date of Birth:	Member ID:
Allergies:	Type of reaction(s):		
SECTION 2 – PHARMACY INFORMATION			
Pharmacy Name:		Pharmacy Phone Number:	
SECTION 3 – PRESCRIPTION INFORMATION			
Drug Name & Strength Requested:	Frequency Taken:	Quantity:	Requested Length of Therapy:
Diagnosis for requested medication:			
Diagnosis Code:			
SECTION 4 – FORMULARY DRUG(S) INFORMATION			
<i>Proper documentation of treatment failure and/or contraindication to a formulary drug must be attached for request approval</i>			
Formulary Drug Name & Strength:	Date Tried:	Reason for treatment failure or discontinuation:	
SECTION 5 – ADDITIONAL CLINICAL INFORMATION			
Additional clinical or supporting information: <i>(Please include current office notes, lab data, and other supporting medical literature)</i>			
SECTION 6 – PRESCRIBER INFORMATION			
Prescriber's Name (printed):		Prescriber's Specialty:	Prescriber's NPI #:
Office Phone #:		Office Fax #:	
Prescriber's Signature:		Date:	
SECTION 7 – APPROVAL INFORMATION			
<i>(For Riverside Health Internal Use Only)</i>			
Date Received:	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		
Approving Authority:	Date:		

If the request is denied, the prescriber can change the prescription to an appropriate formulary alternative or file an appeal with Riverside Health.

Could the member's health be seriously harmed by waiting three days for a decision on this request?

- Yes, then please call 1-800-730-8543 for an expedited review of a medication exception.
- No

If you need to speak to a Pharmacy Services Representative, call 1-800-730-8543.