



# Non-Formulary Drug Coverage Request

To:

From: Parkland Community Health Plan

Request for Coverage of a Non-Formulary Drug:     Standard Review             Expedited Review

- Complete all fields of the form to avoid delays.
- Fax completed forms to 214-266-2089 or 844-302-3697.

## Information about this Request for Coverage of a Non-Formulary Drug

This form is to be used to request coverage of a drug that is not on the formulary. To process this request, please provide clinical information or other evidence supporting the medical necessity of the non-formulary drug, including previous formulary drugs attempted for this patient's condition. If the formulary exception is approved, it will be reimbursed at the highest brand tier copay for the calendar year. You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review and sign the attached form, you certify that applying the 72-hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

**Information on the attached form is protected health information and subject to all privacy and security regulations under HIPAA.**

## Non-Formulary Drug Coverage Request Form

### **Patient Information:**

Name: \_\_\_\_\_  
 Member ID: \_\_\_\_\_  
 Date of Birth Sex: M / F  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### **Prescriber Information:**

Name: \_\_\_\_\_  
 Specialty: \_\_\_\_\_  
 DEA: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Pharmacy Information:** Pharmacy name: \_\_\_\_\_  
 NCPDP: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 Phone: \_\_\_\_\_



### Requested Drug Information

Drug Name: \_\_\_\_\_ Drug Requested (circle one): Brand/Generic

Strength: \_\_\_\_\_ Dosage form: \_\_\_\_\_ Qty per 30 days: \_\_\_\_\_ Prescribed Drug is: New /Refill

Directions: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Standard Review will be completed within 72 hours. An expedited review is available if you certify that a standard review time frame will seriously jeopardize the health of your patient. To request an expedited review, simply indicate this at the top of this page.

### Request for Coverage of a Non-Formulary Drug Criteria

**Medical Justification:** Please provide medical justification for the non-formulary drug exception request.

If no available formulary alternatives have been previously tried, please check this box

Formulary alternatives previously tried/failed with adverse effects, if any:

Clinical rationale for non-formulary drug request:

I attest that the information provided on this form is true and accurate as of this date:

**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name/Title Office Personnel** (*completing form*) \_\_\_\_\_

Please address why all formulary alternatives on any tier of the formulary for treatment of the same condition would not be effective or would cause adverse effects. List previous drugs and doses attempted for this patient, condition and dates or approximate dates or duration of treatment (if known). Document adverse effects requiring discontinuation and/or reason for perceived ineffectiveness.