

Please note: All information below is required to process this request. Monday – Friday: 8:00 AM to 4:30 PM Eastern  
 Phone: 1-866-287-6156 | Fax: 1-866-839-2372 | [www.carefirstchpdc.com](http://www.carefirstchpdc.com)

Patient Information			Provider Information		
Patient Name:			Provider Name:		
Member ID#:			NPI#:	Specialty:	
Date of Birth:	Phone: ( )		Office Phone: ( )		
Street Address:			Office Fax: ( )		
City:	State:	Zip:	Office Street Address:		
Drug Allergies:			City:	State:	Zip:
Requested Medication Information					
Requested Medication Name:			Strength:	Dosage Form: <i>(Capsules, Injection, etc.)</i>	
Quantity Requested:	Frequency:		Route of Administration: <i>(Oral, IV, SC, etc.)</i>	Length of Therapy: <i>(Please be specific)</i>	
<input type="checkbox"/> Check if requesting brand			Pharmacy Name:		
<input type="checkbox"/> New Prescription or Date Initiated:     /     /			Phone: ( )	Fax: ( )	
Rationale for Exception Request					
What is the patient's diagnosis for the requested medication?			ICD-10 Code(s):		
List all medications that were tried and failed including dose, duration, and outcome of each drug:					



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**Chart notes documenting trial and failure on the medication(s) listed above are required to be submitted to complete the review process.**

- Complex patient with two or more chronic conditions is stable on current drug(s); high risk of significant adverse clinical outcome with medication change. Specify the anticipated significant adverse clinical outcome: **Attach documentation**
- Clinical rationale for treatment: **Attach documentation**
- Pertinent Laboratory Tests and Results: **Attach copies of results**

**\*\* ALL CRITERIA LISTED BELOW MUST BE MET IN ORDER FOR THE FORMULARY EXCEPTION REQUEST TO BE APPROVED \*\***

- The requested drug is FDA Approved.
- There has been an adequate trial and failure of all formulary and State Carve-Out medications. **Attach documentation**
- Member has contraindications to, or an intolerance of, formulary medications. **Attach documentation**
- The requested exception is considered the Standard of Care as evidenced by accepted Clinical Practice Guidelines developed by the appropriate medical specialty and supported by at least two (2) peer-reviewed journal articles that are: randomized, double-blinded, against placebo and/or alternative therapy. **Attach documentation**

## Formulary Exception Request Form

- Request for Expedited (URGENT) Review:** By Checking this box, I certify that applying the standard timeframe may seriously jeopardize the health of the member or the member's ability to regain maximum function.

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_



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