

RMHP Formulary Exception Request

Use this form to request coverage of a non-covered drug

RMHP has received a request to cover the non-formulary drug _____

Please fill out the following form completely.

Check one:

- Standard decision requested (72 hours)
 Fast decision requested (24 hours): Patient's health may be put at risk unless a decision is made within 24 hours

Member Name:	Prescribing Physician:
Member Address:	Physician Address:
Member ID#:	Phone #:
Member DOB:	Fax #:
	NPI/DEA#:

Prescription Information:

Medication Name/Dosage: _____

Directions for use and indication: _____

In all cases, drugs not included in the RMHP formulary have very similar therapeutic alternatives with good evidence for safety and efficacy. Often, non-covered drugs are isomers or active metabolites of covered medications with no data to support improved safety or efficacy.

In order to be approved, intended use of the requested drug must be in accordance with indications approved by the FDA and supported by approved CMS Compendia. Additionally, **rationale must be supplied** for the use of the non-covered drug versus the covered alternative(s). It must be demonstrated with supplied medical chart notes that there is high likelihood of an efficacy, tolerability, or safety advantage with the non-covered drug versus the covered alternatives. It must be demonstrated that covered therapeutic alternative medications have been tried, or that use of these medications would likely result in a poor outcome for the patient.

Covered alternatives

Drug	Formulary Tier

Check one:

- Yes, my patient is a candidate for a covered therapeutic alternative medication.
 No, my patient is NOT a candidate for a covered alternative medication

If No, please state specific medical reason and provide supporting documentation:

Incomplete forms will NOT be processed.

Physician signature _____

Please FAX back to RMHP at 858-357-2538

Pharmacy Technician initials _____ Date Initiated _____

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