PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Formulary Exception Sheet - Non-Formulary Requests

Phone: 617-252-6366 Fax back to: 1-888-251-7823

SENIOR WHOLE HEALTH manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:**	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Member Phone:		

Drug Name:

Expedited/Urgent

Directions:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign:

Q1. Has the patient been on the requested Non Formulary medication?

Yes No

Q2. How long has the patient been on the Non Formulary medication and about when was the last fill?

Q3. Please provide other therapies in the same therapeutic class that have been tried and state the reason for failure of the medication (therapeutic, allergy, etc.)?

Q4. Please include any additional clinically relevant information below:

Physician Signature

Date

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