

Precision Formulary Exclusion Exception Request Form

Member's Last Name:

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Member's First Name:

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CLINICAL CRITERIA

1. Has the member failed all preferred items in this class?

Yes No

For the Precision Formulary, visit

<https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhblBkZIR5cGUtNTAx>

List all agents tried within the requested class:

Note: Please submit documentation (e.g., chart notes) that shows previous trials.

2. Is there any other clinical justification for the non-formulary medication (include relevant lab values when appropriate)?

Attachments

Note: Member chart notes will be requested if further documentation is necessary.

Prescriber Signature (Required)

Date

(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Fax this form to: 1-800-424-3260

Mail requests to:

Magellan Rx Management Prior Authorization Program
c/o Magellan Health, Inc.
4801 E. Washington Street
Phoenix, AZ 85034
Phone: 1-800-424-3312