



## Member Exception Request for Non-Formulary Medication

If you would like to submit a request for the review of a non-formulary medication by Pharmacy Operations, fill in the information below and submit. Your request will be evaluated within 72 hours.

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

HAP CareSource™ Member ID\*: \_\_\_\_\_

Prescriber's First Name\*: \_\_\_\_\_

Prescriber's Last Name\*: \_\_\_\_\_

Prescriber's Phone Number\*: \_\_\_\_\_

Prescriber's Fax Number: \_\_\_\_\_

Medication Name\*: \_\_\_\_\_

Medication Strength: \_\_\_\_\_

Directions for Medication: \_\_\_\_\_

\_\_\_\_\_

Reason for Exception\*: \_\_\_\_\_

Submit Request

\*Required Fields