

Formulary Exception Request Form (FER)

This form is to request an exception for a prescription drug that is excluded from the Alliance Coal Prescription Drug Plan formulary. It is considered a first level (internal) appeal. As such, it is not eligible for medical necessity external review. Please review the [Alliance Coal Prescription Drug Plan Formulary Exceptions Policy](#) before completion and submission.

Request Date:	
Member Name:	
Plan Member ID (ACZ):	
Primary Diagnosis:	
Prescription drug name, form, dosage, frequency, and duration requested:	
Reason for the formulary exception:	

Please include additional documentation to support your request. **Requests without supporting documentation will not be accepted for review.** Below are examples of supporting documentation:

- Documentation that the member was taking the requested medication for at least 2 months before eligibility on the Alliance Coal Prescription Drug Plan.
- Notes from the most recent prescriber office visit.
- Clinical records that document therapeutic failures, trial dates, and specific intolerable side effects from previous medications to treat the condition in question.
- A peer-reviewed, non-industry funded study that supports the medication exception request.
- A copy of any published consensus society guidelines that recommend use of the specific medication requested.

By submitting this form, you acknowledge that:

- You have read and understand the Alliance Coal Prescription Drug Plan Formulary Exception Policy.
- You have discussed the risks, benefits, alternatives, and cost of this medication with the Plan member.
- The member is ineligible for coupons or other programs to reduce or eliminate their cost sharing obligation.
- You have no financial conflict of interest to disclose (see Formulary Exception Policy for details).

I certify that the above information and attached documents are true to the best of my knowledge.

Prescriber Signature:	Date
Prescriber printed name:	NPI#
Phone #	Fax #
Contact Person:	