☐ **Prior Authorization**
☐ **Formulary Exception**
☐ **Appeal***

***Appeals must be clearly marked (i.e. checking the appeal box above) and please include a detailed rationale for the appeal (i.e. see the Appeal Rationale Letter section on page 2).

Cleveland Clinic

Employee Health Plan Pharmacy Management

- EHP
- EHP Plus
- Retirees

Questions? Call: 216-986-1050, option 4 or
email: ehprxmgmt@ccf.org

Please complete this form and return via fax: 216.442.5790

Member Name: _____

Member EHP Insurance ID Number: _____ **Member DOB:** _____

Requesting Physician's Name: _____

Office Phone Number: _____ **Office Fax Number:** _____

Requesting Physician's Signature: _____ **Date:** _____

Requesting Medication: _____

Strength: _____ **Quantity:** _____ **Dosage Regimen:** _____

Diagnosis: _____

Medical Rationale for Requested Medication: _____

_____

Formulary Agents Tried by the Member:

Drug & Strength	Dosing Regimen	Date Used (approximate)	Documentation of Treatment Failure

PLEASE NOTE: Please include any and all documentation pertaining to the request. Completion of this form does not guarantee approval. Requests are reviewed based on provided information. Decisions letters will be sent via fax to the requesting provider and to the member via US mail.
***For Appeals:** Appeal Box must be checked and must include rationale for appeal. If appeal is not checked, this will be send back to the fax number on form.

Appeal Rationale Letter (Optional)

Please include information that was indicated in the original denial letter to help with the rationale on your appeal.

This can only be filled out by the PROVIDER or MEMBER

Cleveland Clinic

Employee Health Plan Pharmacy Management

- EHP
- EHP Plus
- Residents and Fellows
- Retirees

Questions? Call: 216-986-1050, option 4 or **email:** ehprxmgmt@ccf.org
Fax: 216-442-5790

Dear EHP Pharmacy Management,

I am writing today to request of letter of reconsideration for

Members Name: _____

Members DOB: _____

Medication Denied: _____

Rationale in appealing this decision:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Sincerely,

Name: _____