



Member Non-Formulary Pharmacy Request Form

This form is used only for **non-formulary drug requests** for fully insured members enrolled in the following plans:

- Tufts Health Plan Commercial Plans (small groups and individuals)
- Tufts Health Freedom Plan (small groups and individuals)
- Tufts Health Direct

Before submitting this request:

1. Based on the current formulary, is the requested drug **NOT** on the formulary?
2. In addition to this form, your physician must submit justification supporting the need for the non-formulary drug to treat your condition, including a statement that all covered formulary drugs on any tier will be or have been ineffective, would not be as effective as the non-formulary drug, or would have adverse events.

Please have your prescribing physician contact Provider Services with this information at one of the number below:

- **Tufts Health Plan Commercial Plans and Tufts Health Freedom Plan: 888-884-2404**
- **Tufts Health Direct: 888-257-1985**

Please fax this completed form to: 617-673-0988

MEMBER INFORMATION	
Name: _____	Member ID: _____
Date of Birth: _____	Diagnosis: _____
PRESCRIBER INFORMATION	
Name: _____	Phone: _____
NPI: _____	Fax: _____
REQUESTED DRUG	
Name and strength: _____	
Dosage form: _____	Route of Administration: _____ Requested Quantity: _____
<input type="checkbox"/> By checking this box, I request that this request be processed under the exigent timeframe (24 hours) and acknowledge that it meets the exigent circumstance* requirement.	
*An exigent circumstance is when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function OR when you are undergoing a current course of treatment using a non-formulary drug.	
Member's Signature: _____ Date: _____	

You may also mail this form to:

Tufts Health Plan
 Attn: Pharmacy Utilization Management
 705 Mount Auburn Street
 Watertown, MA 02472

Fax to: 617-673-0988