Neighborhood Health Plan Of RI Pharmacy Benefit Exception Request Form for Nutritional Supplements

Consistent with chapter 253 of RI General Law, Neighborhood does not provide coverage for Nutritional Supplements unless the patient has a demonstrated inability to ingest or absorb food adequately. Requests due to lack of appetite and/or cognitive problems will be denied. In addition, Neighborhood is secondary to **WIC** Benefits. WIC covers infant formula & nutritional supplements for **(1) infants and children under 5 years of age, (2) pregnant women, (3) and breastfeeding mothers.** WIC can be reached at 1-800-WIC-7434. WIC's preferred products should be utilized, if clinically appropriate, before Neighborhood reviews a prior authorization for a supplement not covered by WIC

Instructions: This form is to be filled out completely and faxed to 866-423-0945. Neighborhood Customer Service (tel) 401-459-6020.

Member Name: (required)	**Member ID Number, otherwise SSN#:** (required)
Member Date of Birth: (required) / /	**Member Sex:** M F (Circle One)
Prescriber Name: (required) **Prescriber Specialty:** (required)	**Contact Person at Office:**
Tel # & extension: (required) ( ) -	**Office Fax Number:** (required) ( ) -

Product Requested ____________________________ Desired caloric intake per day with supplement _________

Quantity Requested ______________ Expected Duration of therapy ______________

Patient's Current Weight and Percentile ________ Patient's Current Height and Percentile _______ Current BMI ________

Patient's previous Weight and Percentile ________ As of Date ________

Please answer the following:
Has patient demonstrated inability to ingest or absorb food adequately which is NOT related to loss of appetite or cognitive problems? (circle one) **Yes** **No**

If the answer to above is "Yes" then check all that apply below:

- ☐ Patient is NOT pregnant or breastfeeding
- ☐ Patient is < 5 years old but qualifies for supplements in excess of the amount provided through the WIC program
- ☐ Nutritional Supplements are the sole source of nutrition (no food is ingested)
- ☐ Patient has diagnosis of "failure to thrive" that increases caloric need while impairing caloric intake/retention
- ☐ Patient is receiving nutrition via tube, catheter or stoma
- ☐ Patient has anatomic structures of the GI tract that impair digestion and absorption
- ☐ Patient has neurological disorder that impairs swallowing or chewing
- ☐ Patient has diagnosis of inborn errors of metabolism
- ☐ Patient has sustained nutrient loss or increased metabolic need due to chronic disorder or acute condition (e.g. excessive burns, abscess, infection, anti-tumor therapy, Anorexia Nervosa, HIV/AIDS, short bowel syndrome, CF, renal dialysis)
- ☐ Patient is Adult and has involuntary or acute weight loss of >10% of usual body weight within a 3 to 6 month period or a BMI < 18.5 kg/m2
- ☐ Patient is child over the age of 5 and has no gain or abnormally slow rate of gain for 3 months or has an age appropriate weight for height ratio less than the tenth (10th) percentile despite instruction in appropriate diet
- ☐ Other (please specify) ____

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I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's Signature_____________________________________ NPI______________________

Completed form must be faxed to
Neighborhood Customer Service at 1-866-423-0945.