

Neighborhood Health Plan Of RI Pharmacy Benefit Exception Request Form



Paroxetine (pregnancy Category D drug)

Customer Service (401) 459-6020, fax 866-423-0945

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a drug with restrictions or for a non-formulary drug for which there is no suitable alternative. *Failure to complete this form will result in NHPRI not paying for the ordered drug and may delay delivery of the drug to your patient.* Please complete this form and **fax to: NHPRI Customer Service at fax # 866-423-0945.** To review the entire NHPRI Formulary, please visit our website at:
http://www.nhpri.org/matriarch/MultiPiecePage.asp_Q_PageID_E_116_A_PageName_E_ForProvidersPharmacyInfo

Member Name: (required)	Member ID Number, otherwise SSN#: (required) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
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) () -										

Medication requested: _____ **Strength:** _____
Quantity: _____ **Day Supply** _____ **Directions:** _____
Diagnosis _____ **Length of Treatment:** _____
 Has patient started treatment with the requested drug? _____ If yes, how long? _____

Paroxetine is a pregnancy Category D drug.

Paroxetine requires prior authorization for females, ages 13-44.

Neighborhood's covered alternatives to consider (require NO prior authorization)

- Citalopram (pregnancy Category C)
- Fluoxetine (pregnancy Category C)
- Sertraline (pregnancy Category C)

If Prescriber is seeking prior authorization for Paroxetine, please review the information below and fax back to 401-427-6754. Thank You.

- Member is not pregnant and is aware of the risk of becoming pregnant while on Paroxetine.**

All information provided on this form is accurate as of this date.

Prescriber's Signature _____ NPI _____ Date _____

Completed form must be faxed to **NHPRI Customer Service at fax # 866-423-0945.**