☐ **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
- Residents and Fellows
- 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

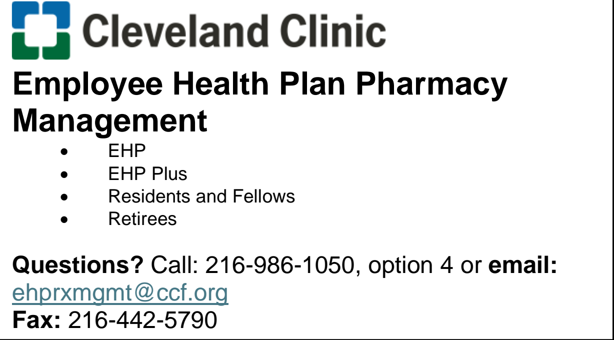
PLEASE NOTE: Please include any and all documentation pertaining to the request. Completion of this form does not guarantee approval. Requests are reviewed based on provided information. Decisions letters will be sent via fax to the requesting provider and to the member via US mail.
***For Appeals:** 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.

Rev. 09/30/2024

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



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:

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Sincerely,

Name: ______________________________