



Community Health Plan

PO Box 11740

Eugene, OR 97440-3940

## **Non-Formulary Drug Coverage Request**

To request a non-formulary medication be added to the Trillium Oregon Health Plan Preferred Drug List (PDL) please complete and submit this form by fax to 1-844-956-0157.

**Date:**

**Name:**

**Contact Information:**

**Name of Non-Formulary Drug:**

**Advantages and disadvantages of medication compared to current formulary alternatives:**

**Additional comments (if applicable):**

**References (if applicable):**

ECAR#