



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 1-866-956-0157.

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):