



Rational Drug Therapy Program
West Virginia University School of Pharmacy
On Behalf of the WV Bureau for Medical Services
PO Box 9511 HSCN
Morgantown, WV 26506

Request For Exemption from Criteria
(Please print or type)
FAX, Phone, Mail Completed form to:
FAX: 1-800-531-7787
Phone: 1-800-847-3859

Patient Name (Last) (First) (MI)			WV Medicaid ID #:	Date of Birth		
Physician DEA Number		Phone #				
		FAX #				
Physician Name (Last) (First) (MI)			FAX, Phone, or Mail Completed Form To: Rational Drug Therapy Program West Virginia University School of Pharmacy P.O. Box 9511 HSCN Morgantown, WV 26506-9511 FAX # 1-800-531-7787 Phone # 1-800-847-3859			
Physician Street Address:						
Physician City Address State Zip						
Pharmacy NABP Number		Phone #				
		FAX #				
Pharmacy Name:						
Pharmacy Street Address						
Pharmacy City Address State Zip						
Medication Name:			Dose	Directions		
State Diagnosis:						
Confidential: Re-Disclosure requires patient consent.			Call above phone number if faxed to wrong location			
Important Note: In evaluating request for exemptions, the consultant will consider the drug from the standpoint of criteria only. If the approval of the request is granted, this does not indicate the recipient continues to be eligible for Medicaid. It is the provider's responsibility to establish by inspection of the recipient's Medicaid eligibility card and if necessary, by contact with ACS Inc. to determine if the recipient continues to be eligible for Medicaid. This exemption valid up to one (1) year from date of issue unless otherwise stated.						

For Rational Drug Therapy Program Use Only

Reason for Denial of Request or Specific Notes:			
Approval/Denial Status	Authorization ID #	Date of Request	Therapeutic Class/Generic Code