Data Supplement 2, Formulary Exception Requests, Report Form

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|  |  | Med/Surg | MH/SUD |
| 1 | Number of requests received pursuant to § 15-831(c)(1) for coverage of a drug that is not on the formulary  |  |  |
| (a) | Number of requests in line 1 that were denied as adverse decisions |  |  |
| (b) | Number of requests in line 1 that were approved |  |  |
| 2 | Number of requests received pursuant to § 15-831(c)(2) for coverage of a drug at a tier with a lower level of cost-sharing  |  |  |
| (a) | Number of requests in line 2 that were denied as adverse decisions |  |  |
| (b) | Number of requests in line 2 that were approved |  |  |