

Pharmacy Exception Request Form

Please fax this back to Pharmacy Services

Fax Number
 1-888-260-9836

Phone Number
 1-888-261-1756

Member Information:

Member's Name _____ Date of Birth _____

Member's Address _____

City _____ State _____ Zip Code _____

Phone _____ Member ID # _____

Prescriber Information:

Prescriber Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Office Fax _____

Prescriber's Signature _____ Date _____

Medication and Diagnosis Information

Medication (name and strength)	Diagnosis (ICD-10)	Quantity
New Prescription OR Date Therapy Initiated	Expected Length of Therapy	Drug Allergies

Medical Necessity for Brand Name Contraceptives

- ☐ By checking this box you are certifying that a brand name contraceptive is medically necessary.

Request for Expedited Review (Determination within 24 hours)

Exigent circumstance: Applies to exception requests when a patient is suffering from a health condition that may seriously jeopardize the enrollee's life, health or ability to regain maximum function.

- ☐ By checking this box and signing below, you are certifying that this is an expedited request due to an exigent circumstance and that the 72-hour standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function. The request will not be handled as an expedited request unless the box is checked and prescriber's signature is included.

Type of Request (select all that apply)
<input type="checkbox"/> Member needs a drug that is not on the plan's list of covered drugs. <input type="checkbox"/> Requesting an exception to the requirement that member tries another drug before member gets the drug prescribed. <input type="checkbox"/> Requesting an exception to the plan's limit on the allowed amount (quantity limit) a member can receive. <input type="checkbox"/> Requesting an exception to use a drug or biologic agent for an off-label indication.
<p>*NOTE: The prescriber MUST provide a statement supporting the exception request. Requests that are subject to prior authorization (or any other utilization management requirement) may require supporting information.</p>
<p><u>*CHART NOTES ARE REQUIRED*</u></p>

Clinical Rationale for the Exception Request (select all the apply)	
<input type="checkbox"/>	Alternate drug(s) contraindicated or previously tried, but with adverse outcome, e.g., toxicity, allergy, or therapeutic failure [<u>Specify below</u> : (1) Drug(s) contraindicated or tried; (2) adverse outcome for each; (3) if therapeutic failure, length of therapy on each drug(s)]
<input type="checkbox"/>	Patient is stable on current drug(s); high risk of significant adverse clinical outcome with medication change [<u>Specify below</u> : Anticipated significant adverse clinical outcome]
<input type="checkbox"/>	Medical need for different and/or higher dosage [<u>Specify below</u> : (1) Dosage form(s) and/or dosage(s) tried; (2) explain medical reason]
<input type="checkbox"/>	Off-label use is supported by medical compendia, scientific evidence, or approved via Emergency Use Authorization (<u>explain below</u>)
<input type="checkbox"/>	Other (<u>explain below</u>)
Required Explanation	

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Notice of availability and nondiscrimination 800-722-1471 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាផ្សេងៗ ដើម្បីជួយចំណាត់ថ្នាក់ដល់សមាសភាពផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ሙሉሪዎቻችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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