

Name Brand Drug Exception Request Form

To reflect the true cost of care, Sidecar Health plans' Benefit Amounts are based on the generic or biosimilar interchangeable version of a drug, when available. In certain situations, the plan may increase benefits to allow for the name brand version of a drug when doing so is supported by clear medical evidence.

Complete this form and provide supporting medical documentation to request, on an exception basis, that the applicable Benefit Amount be increased to allow for a name brand drug despite the availability of a generic or biosimilar interchangeable.

Patient Name:	
Patient DOB:	Member ID:
Prescriber Name:	
Prescriber Phone:	Prescriber Fax:

Drug Information
Planned Date of Service (if applicable):
Desired Drug (including dosage, concentration) and diagnosis:

Please provide supporting medical evidence indicating why an available generic or biosimilar interchangeable version of the drug in question would not be medically appropriate.

Upload this form with supporting documentation via your member portal. If you have questions, call member care at (877) 653-6440.

<i>I certify that to the best of my knowledge the information provided is accurate and complete.</i>	
Prescriber Signature:	Date: