

Medical Exception Request Form

For prescriber use. This form must be completed and signed by the physician or health care professional prescribing the medication.

Fax: 1-866-912-3052

Mail: PharmPix, Metro Office Park, 2 Street 1, Suite 500, Guaynabo, PR 00968

Patient Information

Patient Name:

Personal Representative (if applicable):

Member ID/Contract #:

Group #:

Requested Medication

Medication Name:

Strength:

Quantity:

Days' Supply:

Approval Requested For:

- ☐ A medication not included on the formulary
- ☐ Continued coverage of a medication that will be removed from the formulary
- ☐ An exception to a medication management procedure (e.g., step therapy)
- ☐ An exception to a dose limitation procedure

Reasons for the Medical Exception Request:

- ☐ The formulary does not include a clinically acceptable medication to treat the patient's condition.
- ☐ The medication required by step therapy is ineffective for the condition or for the patient, is likely to harm the patient, or the patient was already at a more advanced step under another health plan.
- ☐ The available dose of the medication is likely to be ineffective for the condition or for the patient.

Brief Patient History

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Pharmacy Benefit Management

Expires: 12/01/2028

Primary Diagnosis

Primary diagnosis related to the requested medication (include code and description):

Medical Necessity

Describe the medical necessity of the medication for which the exception is requested:

Prescriber Information

Prescriber Name:

Provider # (NPI):

Phone:

Fax:

Prescriber Signature

Date