MEDICAL EXCEPTION REQUEST

Patient's Name and/or Legal Representative: _____

Member ID Number: _____ **Group Number:** _____

Requesting approval of:

- ⌋ Inclusion of the medication in the formulary
- ⌋ Continue coverage for medication that will be removed from the formulary
- ⌋ Exception for medication management procedure (Step Therapy)
- ⌋ Exception for dosage limitation procedure (Quantity Limit)

Reasons for Medical Exception Request:

- ⌋ There is not a medication clinically acceptable to treat patient's condition on the formulary
- ⌋ The medication applicable within the step therapy procedure is ineffective for patient's condition, either because it is likely to cause harm to the patient or because the patient was at a more advanced level under another medical plan.
- ⌋ Dosage available for medication may be ineffective for the patient or the patient's condition

Short Medical History:

Include the code and description of the prescribed medication and explain the diagnosis related with the medication requested:

Describe the patient's medical need for the medication for which the exception is requested:

_____   _____
Provider's Name   Provider's License Number (NPI)

_____   _____
Signature   Date