

Brand Penalty Exception Request

Effective January 1, 2017, our prescription drug plan changed to a mandatory generic plan. If the brand drug has a generic equivalent, the member must take the generic or they will have to pay full price for the drug. If there is a medical reason that they cannot take the generic of the drug, they can ask for an exception by having their doctor fill out the "Brand Penalty Exception Request" form and fax it to Caremark. Also, your doctor can call 866-443-1183 and request an urgent exception. You will receive a letter in the mail letting you know if your request is accepted or rejected.

Mike Mormile

1/20/17



Brand Penalty Exception Request

Complete this form to request an exception for a patient to receive a brand-name drug instead of a generic alternative and pay only the appropriate brand copayment.

Patient Information	Prescriber Information
Patient Name:	Prescriber Name:
Date of Birth:	Prescriber Phone Number:
Plan Member ID Number:	Prescriber Fax Number:

NOTE: The following sections must be completed by the prescriber.

Incomplete or missing information may delay processing and result in the form being returned to the requestor.

Brand Drug Name:	Strength:
Dosage Form:	Diagnosis:

Please answer each of the following questions:

1. Has the patient experienced an inadequate treatment response (tried and failed) with the generic alternative?
2. Has the prescriber determined that the generic alternative is not appropriate based on a specific clinical concern (i.e. allergy)? If yes, please document.
3. Has the patient been stabilized on a brand name medication for a specific clinical condition (i.e. fragile epilepsy, transplant immunosuppression, etc.)? If yes, please document.

As the prescriber for the brand-name drug above, I certify that the information provided is accurate and complete.

Prescriber Signature: _____ **Date:** _____

Fax the completed form to the Exceptions Department at 1-888-487-9257