

## Presbyterian Salud Pharmacy Exception Request Form for Oral Nutritional Supplements

FAX completed form to Presbyterian Pharmacy Services Department at <b>(505) 923-5540 or 1-800-724-6953</b>	Or If you have any questions about this Form, please call <b>(505) 923-5757 or 1-888-923-5757</b>
<b>PATIENT INFORMATION</b>	
Name:	Date of Birth:
Member ID Number:	SSN:
<b>NUTRITIONAL SUPPLEMENT INFORMATION</b>	
Oral Supplement Requested:	Diagnosis (related to medical necessity):
Length of Treatment:	Quantity Taken Per Day:
24-Hour Caloric Requirements:	Does patient have a G-Tube? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, contact APRIA for Enteral Nutrition at 1-800-752-0445)
Current Height _____ Weight _____ Date _____ Previous Height _____ Weight _____ Date _____	<b>Activity Level:</b> <input type="checkbox"/> Sedentary <input type="checkbox"/> Moderately Active <input type="checkbox"/> Active
<b>INDICATIONS FOR APPROVAL</b>	
<ol style="list-style-type: none"> <li>1. Patient must have a serious chronic disorder, which impedes adequate nutrition from oral intake and metabolism of traditional foods (inborn errors of metabolism or chronic malabsorption state); <b>AND</b></li> <li>2. Caloric and nutritional requirements consistent with essentially sole nutritional support for recipient's age, sex, height, weight, and activity level.</li> <li>3. <b>Current dietary or nutritional consultation</b> stating the recipient's caloric and nutritional requirements based on sole nutritional support.                         <ul style="list-style-type: none"> <li>• If no dietician or nutritionist is available, the provider may calculate the requirements by going to the following website (calorie levels are available for age 2 and above):  <a href="http://www.mypyramid.gov/downloads/MyPyramid_Calorie_Levels.pdf">http://www.mypyramid.gov/downloads/MyPyramid_Calorie_Levels.pdf</a> </li> </ul> </li> <li>4. <b>Quantity Limits apply:</b> The daily authorized amount, at any given time, will not exceed the ADA caloric intake for a 24-hour period necessary to sustain life.</li> <li>5. <b>Exclusions:</b> Lactose-free formulas; baby formula; oral electrolyte solutions; oral rehydration therapy; traditional foods available in the grocery store; blenderized or pureed foods; or patients who lack an appetite.</li> </ol>	
<b>PHYSICIAN INFORMATION</b>	
Name:	Specialty:
Phone (required):	Fax (required):
Physician Signature:	Date:
<b>ALL OF THE ABOVE INFORMATION and DOCUMENTATION MUST BE RECEIVED IN ORDER TO PROCESS THE REQUEST</b>	
<b>FOR PRESBYTERIAN USE ONLY</b>	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Reviewed by:	PA:
Medical Director:	Date:
Comments:	

**CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED.** Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure of failure to maintain confidentiality could subject you to penalties described in federal and state law.