

## Pharmacy Exception Review Process Request Form

Please complete all the below sections for this request to be considered for approval.

**\*\*\*ONE DRUG PER FORM\*\*\***

<p style="text-align: center;"><b>Patient Information</b></p> <p><b>ID Number:</b> _____</p> <p><b>SSN:</b> _____ - _____ - _____</p> <p><b>Member Name:</b> _____</p> <p><b>Date of Birth:</b> _____ / _____ / _____</p>	<p><b>Drug:</b> _____</p> <p><b>Dosing:</b> _____ <b>Strength:</b> _____</p> <p><b>Length of Therapy:</b> _____</p> <p><b>Diagnosis:</b> _____</p> <p><b>Requesting Physician:</b> _____</p> <p><b>Physician Signature:</b> _____</p> <p><b>Specialty:</b> _____ <b>Requestor:</b> _____</p> <p><b>Physician Phone:</b> _____</p> <p><b>Physician Fax:</b> _____</p>
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**In order for this request to be considered, one of the following conditions must be met:**

- ❖ Member has tried and failed all preferred alternatives. Preferred Drug Lists available at www.phs.org. Please include alternatives tried and reason(s) for failure.
- ❖ Member has a documented medical reason or allergy to a preferred medication.

*Please provide a detailed explanation using your clinical judgment as to why this member requires medical exception for a non-preferred medication. Or provide information including Chart Notes and Lab Data that support your clinical justification.*

- ❖ Failure to provide this information will result in a denial of the request for a Pharmacy Exception.

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Please fax completed Form to: **(505) 923-5540**. For help with this Form, please call (505) 923-5757 or 1-888-923-5757, select option 3 for Pharmacy.

Pharmacy Services Use Only	
<p><b>PA NUMBER:</b> _____</p> <p><input type="checkbox"/> APPROVED _____ <input type="checkbox"/> DENIED _____</p> <p><b>RPh. Review:</b> _____ <b>Date:</b> _____</p> <p><b>Medical Director:</b> _____ <b>Date:</b> _____</p> <hr/>	<p><input type="checkbox"/> ASO</p> <hr/> <p><input type="checkbox"/> COMM</p> <hr/> <p><input type="checkbox"/> PIC</p> <hr/> <p><input type="checkbox"/> MCAID</p> <hr/> <p><input type="checkbox"/> SRCARE</p> <hr/>

**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.