



PHARMACY Medicare Part D Tiering or Formulary Exception Request

This form is for **prescribers** to request a tier exception to reduce the copay of a **non-preferred** (tier 3) brand name medication. If medical necessity criteria are met and your request is approved, the copay will be lowered to the preferred brand copay until the end of the calendar year. This form should also be used to request a formulary exception to cover a drug that is not listed on our formulary. If approved, the drug will be placed on the appropriate tier.

Tier exceptions for preferred brand medications (tier 2) for generic copays are not allowed. Tier exceptions for specialty pharmaceuticals (tier 4) are also not allowed.

Failure to complete this form in its entirety may result in an adverse determination due to insufficient information.

- STANDARD** This request will be processed within 72 hours.
- EXPEDITED** Choose EXPEDITED only if delay of greater than 72 hours for requested services could place the member's life, health or ability to regain maximum function in serious jeopardy.

Member Information

Member Name: _____ Member Plan ID Number _____

Date of Birth: _____

Physician Information

Prescriber Name: _____

Phone: _____ Fax: _____

Medication Request

Drug Name/Strength: _____ Quantity: _____

SIG: _____ Days Supply: _____

Route of Administration: _____ Duration of Therapy _____

Diagnosis(es) related to use: *(Please include ICD-9 code(s) if available):*

Reason for Tiering or Formulary Exception Request: *(Please check all applicable options):*

- The patient has failed or has been intolerant to prior therapy with generic or preferred brand alternative medications in this same therapeutic class (e.g. Beta Blockers). Medications previously used:

1. _____
2. _____
3. _____

- The patient has a contraindication to generic or preferred brand alternative medications in this same therapeutic class (e.g. Beta Blockers). Medications that are contraindicated for this patient:

<u>Medication</u>	<u>Contraindication</u>
1. _____	_____
2. _____	_____
3. _____	_____

- No alternative generic or preferred brand medications in this same therapeutic class (e.g. Beta Blockers) are available to treat this diagnosis

- Other (please specify reason):

Please provide any additional information on separate sheets as needed.

Peoples Health Pharmacy Services Fax Number: (504) 849-6901