



## Exception Request for Prescription Drugs Not Included on the Formulary

This form can be submitted by a plan participant, a designated representative, the prescribing physician or other prescriber. Please fax signed forms to CVS/Caremark at 1-855-245-2134. Please contact CVS/Caremark at 1-855-582-2022 with questions regarding the prior authorization process and exceptions requests. When conditions are met, we will authorize the coverage of Non-Formulary Marketplace Exception (HMF).

Patient Information	
Patient/Member's Name:	Patient DOB:
Patient ID:	Patient Group No.
Patient Phone no:	

Prescribing Physician Information	
Physician Name:	
Physician Phone no:	Physician Fax no:
Physician address:	

Drug Information	
Drug Name:	Quantity:
Frequency:	Strength:
Route of Administration:	Expected Length of Therapy:
Diagnosis: _____	ICD Code: _____
Other Comments:	

**Reasons for the request:** check all that apply

*You may obtain coverage without additional cost sharing beyond that which is required of formulary prescription drugs for a non-formulary drug.*

☐ I have been taking or using the non-formulary prescription drug for at least six months prior to its exclusion from the formulary.

☐ The prescribing physician determines that either the formulary drugs are inappropriate therapy for my condition, or that changing drug therapy presents a significant health risk.

*A plan participant, a designated representative, the prescribing physician or other prescriber may also submit a request for a prescription drug that is not on the formulary based on exigent circumstances.*

☐ I am suffering from a health condition that may seriously jeopardize my life, health, or ability to regain maximum function (Expedited Request).

**Signature and Date** by the plan participant, or a designated representative, or the prescribing physician

Print Name: (First Name, Middle Name, Last Name)

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Have Questions?**

If you have any questions about the content of this letter, please contact Piedmont Community Healthcare HMO, Inc. as soon as possible by calling Customer Service at (434) 947-4463 or toll free at 1-800-400-7247, Monday through Friday from 8:30 a.m. - 5 p.m. ET.

Sincerely,

Piedmont Community Healthcare HMO, Inc.