



### 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**

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS/caremark.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

©2014 CVS/caremark. All rights reserved. This document contains confidential and proprietary information of CVS/caremark and cannot be reproduced, distributed or printed without written permission from CVS/caremark.

91-14640d 081214