



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.

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