



MEDICATION EXCEPTION REQUEST FORM
 Medicare Advantage by **Bridgeway Health Solutions, Arizona**



FAX this completed form to 866-399-0929
OR Mail requests to: US Script PA Dept / 2425 West Shaw Avenue / Fresno, CA 93711
Prior Authorization Dept. telephone number: 866-399-0928

This form cannot be used to request:

- Medicare non-covered drugs, including barbiturates, benzodiazepines, fertility drugs, drugs prescribed for weight loss, weight gain or hair growth, over-the-counter drugs, or prescription vitamins (except prenatal and fluoride preparations).

I. Provider Information		II. Member Information	
Prescriber Name (print):		Member Name:	
Prescriber Specialty:		Identification Number:	
Fax:	Phone:	Date of Birth:	
Office Contact Name:		Medication Allergies:	

III. Drug Information (One drug request per form)			
Drug Name and Strength:	Dosage Form:	Dosage Interval (Sig):	Qty per Day:
Diagnosis for <u>this</u> medication:			
<input type="checkbox"/> New Prescription <u>OR</u> <input type="checkbox"/> Date Therapy Initiated:		Expected Length of Therapy:	

Previous Treatment and Outcomes		
Drug Name (include maximum dose/day)	Dates of Therapy	Reason for Discontinuation
1		
2		
3		
4		

NOTE: Confirmation of use will be made from member claim history on file; prior use of formulary drugs is a part of the exception criteria.
 The Medicare Advantage by **Bridgeway Health Solutions Formulary** is available on the Medicare Advantage by **Bridgeway Health Solutions** website at <http://medicare.bridgewayhs.com/>.

IV. Rationale for Request / Pertinent Clinical Information (Required for all Prior Authorizations)		
Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider Signature:	Date:

Request for Expedited Review	
<input type="checkbox"/> Request for Expedited Review (24 hours)	
➤ By checking this box and signing above, I certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function	

US Script will respond via fax or phone within 24 hours (expedited) or 72 hours (standard) of receipt of all necessary information. Requests for formulary exceptions must include member name, ID#, and drug name. **Incomplete forms will delay processing.** Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)