

## RMHP Medicare Part D Formulary Tier Exception Request Physician Supporting Statement

According to CMS guidance, a Tier Exception Request may be made for a non-preferred drug when there is a therapeutic alternative on a preferred or lower tier.

A request can be made for a preferred brand (Tier 3) copay for a non-preferred brand (Tier 4) drug or for a preferred generic (Tier 1) copay for a nonpreferred generic (Tier 2) drug.

***When no therapeutic alternative is available on a lower tier,  
tier exceptions will not be granted for any drug.***

RMHP has received a request to cover the non-preferred drug: (drug name) \_\_\_\_\_ at the next lower formulary tier copayment.

**Please fill out the following form completely and provide supporting documentation.**

Check one:

- Standard decision requested (72 hours)  
 Fast decision requested (24 hours): Patient's health may be put at risk unless a decision is made within 24 hours

Member Name:	Prescribing Physician:
Member Address:	Physician Address:
Member ID# :	Phone #:
Member DOB:	Fax #:
	NPI/DEA#:

Medication Name \_\_\_\_\_  
 Strength \_\_\_\_\_ Indication for use: \_\_\_\_\_

***One of the following boxes MUST BE CHECKED or this request will be denied:***

- My patient is a candidate for a drug in a lower cost-sharing tier  
 Drugs in the lower cost-sharing tier would not be as effective as the requested drug for my patient \*  
 Drugs in the lower cost-sharing tier would have adverse effects not expected with the requested drug \*  
**\*Please explain medical reason your patient cannot use a drug in a lower cost sharing tier, or submit medical documentation:**

**RMHP Formulary Covered Alternatives:**

Drug	Formulary Tier

**Incomplete forms will NOT be processed and may result in denial of this request**  
 Please FAX back to RMHP at 858-357-2538

Pharmacy Technician initials \_\_\_\_\_ Date initiated: \_\_\_\_\_

Physician signature \_\_\_\_\_