

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:	
 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.

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