South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

MedBlue RX

MedBlue RX +PLUS

Formulary Drug Exception Request

Patient Name: ____________________________

Drug Plan ID Number: ________________

Type of Exception Request

[ ] Standard [ ] Emergency

Formulary Drug Exception – Requested Drug and Dose ______________________

Please check and complete all that apply:
As noted below, this patient has experienced documented failure after trying the following formulary medications that are within the same therapeutic class as the requested drug.

1. __________________________________ 2. __________________________________

Check either or both statements below that may be applicable to this patient.

[ ] This patient has a documented allergic or adverse reaction to at least one of these formulary agents.

[ ] Based on my knowledge of this patient's medical condition, all other drugs on any tier of the formulary for treatment of the same condition would not be as effective as the requested drug, would have adverse effects, or both.

Required Prescribing Physician Attestation

My signature indicates that the above information is true and can be substantiated by information contained in this patient's medical records.

Print Name _______________________ Phone Number _____________________

Signature _______________________ Date _____________________

Fax completed form to (803) 264-0141