Medical Exception Worksheet/Prescription Order Form
Specialty Pharmacy (ORAL / INJECTABLE) Medications

Please complete and return fax to 412-457-1328 *or* 866-639-7785

PATIENT DEMOGRAPHICS / INSURANCE INFORMATION

Patient Name: _____ Unison ID #: _____

Insured's Name: _____ Insured's SSN/Group #: _____

Primary Insurance Information: ID #: _____ Group #: _____

Secondary Insurance Information: ID#: _____ Group #: _____

Patient Mailing Address: _____ DOB: _____

Patient Phone day: (_____) _____ Evening: (_____) _____

Best time to Contact: _____ Sex: ❑ M ❑ F Primary language: _____

PRESCRIPTION (Required)

Drug/Strength/Dose: _____ ❑ Coordinating administration supplies Sig: _____

(As required by PA law, generics will be dispensed if available)

QTY: _____ Duration: _____

MD Name: _____ MD Signature **(required)**: _____

DEA #: _____ MD License #: _____ State Medicaid #: _____

Physician Address: _____ City, State Zip: _____

For injectable medications only:

Medication to be Administered: ❑ Physician's Office **(In Office / Outpt Facility)** ❑ Patient's Home **(Administered)**

Deliver Rx to: ❑ Physician's Office ❑ Patient's Home ❑ Other Address: _____

Contact Person/Ext.: _____ Date Needed: _____

CLINICAL INFORMATION

Clinical Diagnosis: _____ ICD-9 Code: _____

Pregnancy Status: ❑ YES ❑ NO If yes, Expected Due Date: _____

Please include details of past relevant medical treatment, which substantiates need for exception to using formulary alternatives: (i.e. past prescription treatment failures, documented side effects, lab values, etc.)

Formulary Medication Attempted	Dose	Dates of Therapy	Reason for Discontinuing Therapy

Height: _____ Weight: _____ Allergies (including food): _____

Current Patient Medication Profile including OTCs & herbals: (drug / dose / directions)

_____

Additional Information: _____

_____

The purpose of this worksheet is to provide complete information regarding the physician's request for a non-formulary or prior authorization medication. It will be reviewed and notification of approval will be given within 24 hours. Thank you.

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