Unison Health Plan Pharmacy Department

Pharmacy Medical Exception Request Worksheet

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

17-alpha Hydroxyprogesterone Caproate

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:______________ **Primary Language:**________________

Sex: M F

PRESCRIPTION (Required)

Drug/Strength/Dose:______________________________ **Sig:**____________________________

Coordinating administration supplies

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

MD Name:__________________ **MD Signature *(required)*:**_____________________

DEA #:_______________ **MD License #**____________ **State Medicaid #:**______________

Physician Address:__________________ **City**__________________ **State**_____ **Zip:**_________

Physician Phone #: (___) _____________ **Physician Fax #: (___)**________________

Medication to be Administered: Physician's Office Patient's Home

Deliver Rx to: Physician's Office Patient's Home

Other Address: ____

Contact Person/Ext:__________________ **Date Needed:**___________ **Refills:**__________

INFORMATION REQUIRED

Does the Patient have a documented history of idiopathic pre-term delivery at less than 37 weeks gestation Yes______ No_______

Gravidity: _______ **Parity:** ______________ **Due Date:** ______________

Gestational age:______________ **Indication:** ____________________________

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 or denial will be given within 24 hours. Thank you.

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