

Formulary Exception Request



Request Date

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Member Information

Name *(First, Last)* MVP Member ID No.

Date of Birth Phone No.

Exception Request Information

Drug Requested *(including drug strength)* Directions for Use

Reason for Requesting this Drug

Prescriber's Name Prescriber's Phone No.

Is this the first time you have used this medication or is it a continuation of therapy? First Time Continuation of Therapy

If this is a continuation of therapy, for how long have you been taking this medication?

Have you spoken with your physician regarding this Request for medication? Yes No

Does your physician know you are submitting this Request? Yes No

? What reasons are considered valid for requesting a Formulary exception?

1. The drug requires prior authorization.
2. Your physician has written a prescription for a dose and/or quantity that requires prior authorization.
3. You have a two-tier benefit plan (Child Health Plus) and the drug is non-Formulary.

Requests for lower co-pays, vacation supplies, or early refills are not valid exceptions and therefore will not be reviewed. Certain medications may be excluded by your plan's prescription rider or plan contract.

Submitting This Request

1. **Email**—select the Submit Request button at the top of the page.
2. **Mail**—print and mail the completed form to Attn: Pharmacy Dept., MVP Health Care, 625 State St., Schenectady, NY 12305.
3. **Fax**—1-800-376-6373.

Allow up to 72 hours for MVP to process your request. If your request is urgent, contact the MVP Customer Care Center at 1-888-687-6277, Monday–Friday, 8 am–6 pm Eastern Time. MVP may require additional clinical information from your physician to process this request. The time frame for the review of this request will begin when MVP receives this information.