

# Generic Prescribing Program Exception Request Form

This process should be used for filing an Exception Request with CVS/caremark when there is a direct generic equivalent available or for brand-name drugs in the following drug classes: \* Bisphosphonates, Nasal Steroids, Proton Pump Inhibitors, Sedative Hypnotics, Statins, Migraine Medications, Blood Pressure Drugs (ACEs and ARBs) and Acne Antibiotics.

The following information should be completed by the patient's health care provider and sent directly to CVS/caremark in order to request consideration to receive a brand-name drug instead of a generic alternative and pay the appropriate brand co-payment.

1. Patient name: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

2. Prescriber name (i.e., physician), phone number and fax number:

\_\_\_\_\_

3. Brand-name drug: \_\_\_\_\_ Strength: \_\_\_\_\_

Dosage form: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

4. What generic alternative(s) has the patient tried or has been considered? Please provide the dates of when the alternatives were tried.

\_\_\_\_\_

5. Provide evidence that the generic alternative(s) is unsafe or ineffective or has known interactions with other drugs the patient is currently taking:

\_\_\_\_\_

6. Additional information pertinent to the patient's condition and request:

\_\_\_\_\_

Note: Please provide supporting documentation to support this request.

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

***Please fax this completed form and supporting documentation to:  
CVS/caremark Exceptions Department  
Fax toll-free: 1-888-487-9257***

**Incomplete or missing information may delay processing.**

**\*The drug classes included under the program may change in the future. To obtain the most current list of drug classes under the program, please call CVS/caremark toll-free at 1-800-565-7105 or visit [www.hr.msu.edu/genetics](http://www.hr.msu.edu/genetics).**

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## **Additional information regarding the MSU Generic Prescribing Program is provided below.**

**The MSU Generic Prescribing Program has two levels. They include:**

- Under Level I of the program, if you or the patient selects a brand-name prescription drug when a direct generic equivalent is available, in addition to the generic co-pay, the patient will also need to pay the difference in cost between the brand-name drug and the direct generic equivalent that could have been chosen.
- Under Level II of the program, for certain drug/therapeutic classes, if you or the patient choose a brand-name drug for which generic options exist within the same therapeutic class of drugs, in addition to the generic co-pay, the patient will also need to pay the difference in cost between the brand-name drug and the average cost of the generic alternatives available in the therapeutic class. The therapeutic classes of drugs impacted by Level II of the program include: Bisphosphonates, Nasal Steroids, Proton Pump Inhibitors, Sedative Hypnotics, Statins, Migraine Medications, Blood Pressure Drugs (ACEs and ARBs) and Acne Antibiotics. For example, while Crestor doesn't have a direct generic equivalent available under Level I of the program, it does fall in a therapeutic class (i.e., statins, under Level II).
- ***Excluded drugs under Level I and Level II of the program include: Premarin, Lanoxin, Dilantin, Coumadin and Synthroid.***

**The drug classes included under the program may change in the future. To obtain the most current list of drug classes under the program, please call CVS/caremark toll-free at 1-800-565-7105 or visit [www.hr.msu.edu/generics](http://www.hr.msu.edu/generics).**

**Following are examples of when this form will or will not be required:**

- **Prilosec:** Since there are direct generic equivalents available and it is included on Level I of the program, you will be required to complete this form in order to request an exception. If approved the patient may continue taking Prilosec at the current brand-name co-pay.
- **Atelvia:** Since this drug is in the Bisphosphonates therapeutic class and is included on Level II of the program, you will be required to complete this form in order to request an exception. If approved the patient may continue taking Atelvia at the current brand-name co-pay.
- **Coumadin:** This drug is excluded from the Generic Prescribing Program; therefore no form is required and the patient will continue receiving Coumadin at the brand-name co-pay.
- **Januvia:** Since there is no existing direct generic equivalent under Level I, and it is not included in one of the drug classes under Level II, no form is required and the patient will continue receiving Januvia at the brand-name co-pay.

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