

## Request for Member Exemption from the Monthly Medication Limit

To request that a member be exempted from the monthly medication limit, please complete this form. Requests for exemption may only be submitted by a physician or physician's office.

This request for exemption will be reviewed by a Clinical Pharmacist to identify opportunities for regimen simplification utilizing nationally recognized clinical practice guidelines. Feedback will be given to the member's primary care physician and the prescriber submitting this form, if applicable.

**Please note: Although a member may be exempt from the limit, a PA will continue to be required for any medication not on the CalOptima Approved Drug List.**

| <b>REQUESTING PHYSICIAN INFORMATION</b> |  |               |             |
|---|--|---------------|-------------|
| <b>Physician Name:</b>                  |  | <b>NPI #:</b> |             |
| <b>Address:</b>                         |  |               |             |
| <b>City:</b>                            |  | <b>State:</b> | <b>Zip:</b> |
| <b>Phone #:</b>                         |  | <b>Fax #:</b> |             |

| <b>MEMBER INFORMATION</b>  |                          |
|--|--------------------------|
| <b>Member First Name:</b>  | <b>Member Last Name:</b> |
| <b>Member Date of Birth:</b>   | <b>Member ID #:</b>      |
| <b>Explain why the member listed above should be exempt from the monthly medication limit:</b><br><i>(If applicable, include additional documentation that would assist with the review process)</i> |                          |
|  |                          |
| <b>Physician's Signature:</b>  | <b>Date:</b>             |

*The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.*

**Fax completed form to CalOptima at (714) 481- 6404**

**Confidential information**

Fax is intended only for the individual to whom it is addressed.

If you are not the intended, do not read, copy, or distribute this information. Thank You.