

## **MEDICAL EXCEPTION**

The law No. 194 of August 29, 2011, as amended, in the Article 4.070, provides that an organization of health insurance shall establish and maintain a procedure for requesting medical exceptions that allow the insured or his personal representative, request approval of:

- a prescription drug that is not covered under the form,
- continuity of coverage for a prescription drug that the insurance will be discontinuing from the formulary for reasons other than health or because the manufacturer cannot supply the drug or has recalled,
- an exception for a prescription drug that is not covered until it meets the requirements of step therapy,
- a drug that is not covered by the prescribed number of doses.

### Procedure to request a Medical Exception

The insured or legally authorized representative may request coverage for a drug that is not expressly excluded (Categorically exclusion<sup>2</sup>) on the formulary using the form Medical Exception Application (Forma: CSS-AS04-002)

The reasons why an insured may request a medical exception are:

- Medications not covered by the formulary
- Drug discontinuation for reasons other than safety or recall by the manufacturer
- Exception to the step therapy or dose limitation

Certification will be required to include the following information:

- Name, group or contract number
- Patient History
- Primary diagnosis related to prescription drug subject of the request
- Reason for Exception Request
- The reason why the requested drug is needed, or why the exception for the step therapy procedure or dose limitation is necessary for patient care.
- Prescriber signature

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<sup>2</sup> *Categorically exclusion means that the scientific name or trade name requested drug is not on the exclusion list of the formulary.*

The medical exception request will be reviewed by health professionals with expertise in medication management. The determinations made will correspond to the benefits and exclusions that are available in your coverage. The insured will be notified of the decision by letter or email (as requested).

Important. Provide your doctor the form CSS-AS-04-002, this will help expedite the process for requesting an exception.

**MEDICAL EXCEPTION APPLICATION**

Patient Name or Personal Representative: \_\_\_\_\_

Núm. Contrato \_\_\_\_\_

Núm. de Grupo: \_\_\_\_\_

Se solicita la aprobación de:

- Medicamento no está incluido en el formulario
- Cubierta continuada para medicamento que se descontinuar
- Excepción a un procedimiento de manejo de medicamento (ei, terapia escalonada)
- Excepción a un procedimiento de limitación de dosis

Razones para la solicitud de excepción médica:

- En el formulario no figura un medicamento clínicamente aceptable para tratar la condición del paciente.
- El medicamento que procede conforme a la terapia escalonada es ineficaz para la condición o el paciente, es probable que cause daño al paciente o y ya el paciente se encontraba en un nivel más avanzado bajo otro plan médico.
- La dosis disponible para medicamento probablemente es ineficaz para la condición o el paciente.

Historial breve del paciente:

Diagnóstico primario relacionado con el medicamento de receta objeto de la solicitud (incluya código y descripción):

Descripción de la necesidad médica de medicamento para el cual se solicita la excepción:  
*(Incluya hoja adicional de ser necesario)*

\_\_\_\_\_  
Nombre de la Persona que expide la receta

\_\_\_\_\_  
# de Proveedor (NPI)

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha