



**Refill Too Soon**

One-time exception will be granted for:

- 1. Valid reason provided by Practitioner which may include but not limited to
  - a. Absence of medication may place patient at risk
  - b. Addition or change in dose, dosage schedule, or product
- 2. Valid reason provided by Member which may include but not limited to
  - a. Lost, Stolen or Destroyed medication
  - b. Extended travel
- 3. Refill is within 50% range of Expiry Date

**Member Information**

Name \_\_\_\_\_

Enrollment / Cardholder ID \_\_\_\_\_

Group / Plan \_\_\_\_\_

Birth date \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

**Relationship** (Circle)

Subscriber Spouse Dependent

**Gender** (Circle)

Male Female

AGE: \_\_\_\_\_

**Practitioner Information**

Name \_\_\_\_\_

Agent / Contact Name \_\_\_\_\_

Specialty \_\_\_\_\_

Office / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

**Requested Drug / Pharmaceutical**

\_\_\_\_\_

**Strength / Dose**

\_\_\_\_\_

**Duration of Therapy** (Expected)

\_\_\_\_\_

**Condition / Diagnosis Related - Reason for Request**

\_\_\_\_\_

**Type of Request**

**One-Time Only**

**Clinical Drug / Lab History Pertinent to Request**

\_\_\_\_\_

Contact Pharmacy? Y N

Pharmacy Phone Number

\_\_\_\_\_

Formulary Alternative(s) Attempted YES NO (Circle)

Practitioner Signature \_\_\_\_\_