



CenCal Health Use Only

(Please Print)

Date

Request for Member Exemption from the Monthly Prescription Limit

Only submit this form for members receiving 7 or more chronic, necessary medications. Use extra copies of this same form if there are more diseases or therapies than will fit on one page.

The therapies for given conditions will receive a consultation by a Doctor of Pharmacy to identify opportunities for regimen simplification based on current evidence-based medicine and nationally recognized clinical practice guidelines.

Submission of this form does not guarantee that the member will be exempt from the monthly medication limit. Feedback will be given to the prescriber submitting this form. **If a member is exempt from the monthly prescription limit, s/he will still require a MRF for medications not on the CenCal Health formulary.**

MEMBER INFORMATION			
Member Name (Last, First)	Date of Birth	Member ID Number	
Member Address (Street, City, State, Zip)			
PHYSICIAN INFORMATION			
Name (Last, First)	Specialty	DEA#	
Address (Street, City, State, Zip)			
Phone			
ONLY LIST CHRONIC MEDICATIONS			
1. Diagnosis		Established Length of Therapy	
Corresponding Medication(s)			
2. Diagnosis		Established Length of Therapy	
Corresponding Medication(s)			
3. Diagnosis		Established Length of Therapy	
Corresponding Medication(s)			
TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY FOR THE HEALTH OF THE PATIENT.			
Signature of Physician or Provider		Title	Date
X			
CenCal Health Staff Use Only			
Provider, your request is: <input type="checkbox"/> Approved as requested <input type="checkbox"/> Approved as modified <input type="checkbox"/> Denied <input type="checkbox"/> Deferred			Reviewer's Signature
I.D. #	Date	Comments/Explanation	
Approved Units	NDC#/PMI#/GPI#	Quantity	Specific Services Requested
Authorization is valid for services provided from _____ Date _____ to _____ Date _____		4050 Calle Real, Santa Barbara, CA 93110 (800) 421-2560, Ext. 2229 • (805) 685-9525, Ext. 2229 www.cencalhealth.org	

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE.