

Pharmacy Exceptions

Abrazo Advantage Health Plan (AAHP) provides you with the opportunity to ask for a covered drug at a more favorable cost sharing level or one that is not on the formulary, which is a list of covered drugs. You may receive a notice from your pharmacist explaining how to obtain a coverage determination or request an exception.

You may request an exception under any of the following circumstances:

- You can ask AAHP to cover your drug even if it is not on our formulary
- You can ask AAHP to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quality limit, you can ask AAHP to waive the limit and cover more.
- You can ask AAHP to provide a drug at a lower tier. For example, if your drug is usually in the highest brand tier, you can ask AAHP to cover it a lower brand tier in certain cases. This would lower the co-payment amount you must pay for your drug. You cannot, however, ask for a brand drug at a generic tier. Please note, if AAHP grants your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

If you are asking for a formulary or tiering exception, your **PRESCRIBING PHYSICIAN** must provide a statement to support your request. You cannot ask for a tiering exception for a drug in AAHP's Specialty Tier. In addition, you cannot obtain a brand name drug at the co-payment that applies to generic drugs.

Who may ask for a Pharmacy Exception?

You or someone on your behalf may ask for a pharmacy exception. You can name a relative, friend, advocate, doctor, or someone else to act for you. Some other persons may already be authorized under state law to act for you. If you want to name someone to act for you, then you and the person you want to act for you must sign and date the "Appointment of Representative" form ([***Click Here for this form.***](#)). When completed, this form gives this person legal permission to act as your authorized representative. A valid representative has all the grievance and appeal rights and responsibilities of an AAHP member.

Please send (or deliver in person) this completed form to:

Abrazo Advantage Health Plan
Attention: Pharmacy Department
7878 North 16th Street, Suite 105
Phoenix, AZ, 85020

You may also fax this completed form to (602) 674-6655 or (866) 832-5469 if outside of Maricopa County.

Please call us at 602-924-3900 or 888-864-1114 (for TTY: [602] 824-3909 or [800] 489-1472) to learn how to name your authorized representative. We are open 8:00 a.m. to 8:00 p.m. seven days a week.

How To Request A Pharmacy Exception

- For oral requests, please contact AAHP using the above telephone and/or fax numbers.
- To make a request in writing, please complete the Medicare Part D Coverage Determination Request Form and submit it to AAHP Pharmacy Department at the above mailing address (*Click here for Part D Coverage Determination Request Form*)
- For any oral or written request, please ask the PRESCRIBING PHYSICIAN to send a statement to support your request using the above listed phone, fax or mailing address.

If we deny your exception request, you may ask for an appeal. (*Click here for Appeal*)

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