



South Carolina

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Blue Cross and Blue Shield Association*

Generic Program Exception Process

This form will help us evaluate your request for an exception to your group's generic prescription drug program. Please ask your physician to complete this form.

Member's Name: _____

Member's ID: _____

Member's Date of Birth (DOB): _____

Member's Phone Number: _____

Provider's Name: _____

Provider's Office Contact Name for the Member: _____

Location: _____

Provider's Phone Number: _____

Provider's Fax Number: _____

Generic Drug with Dose and Frequency: _____

Requested Drug with Dose and Frequency: _____

Physician: Please check all that apply to this request. Attach the required supporting medical records and fax to 803-264-0258. We cannot complete our evaluation without medical documentation.

- The generic has been ineffective in the treatment of the member's condition.
- Based on sound clinical evidence, the known relevant physical or mental characteristics of the member and known characteristics of the drug regimen, the generic is likely to be ineffective or adversely affect patient compliance.
- The generic has caused, or based on sound clinical evidence is likely to cause, an adverse reaction or other harm to the member.