



## CHRONIC RENAL DISEASE PROGRAM REQUEST FOR MEDICAL EXCEPTION INSULIN PEN DEVICES

Please note: This form must be included with the medical exception request.

Patient's Name:	
CRDP ID Number:	
Name of Product for which Exception Requested:	<input type="checkbox"/> Lantus Solostar® <input type="checkbox"/> Humulin Kwikpen® <input type="checkbox"/> Humalog®/Novolog® Flexpen <input type="checkbox"/> Levemir® Flexpen
Treatment Modality:	<input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Transplant
Diagnosis:	Is the cardholder legally blind? <input type="checkbox"/> YES <input type="checkbox"/> NO
Prescribing Physician:	
License Number:	
Telephone Number:	(    ) - Area Code
Facility Name:	
Facility Address:	
Telephone Number:	(    ) - Area Code
	<input type="checkbox"/> Check box if you would like to receive a status update of request via email. If box checked, please provide email address and facility ID and NPI.
Facility ID and NPI Number(s):	
Email Address:	
Physician Signature:	Date:

If you have any questions, please do not hesitate to contact the Chronic Renal Disease Program Drug Utilization Review Unit at 1-800-835-4080 or FAX this form and attachments to 1-888-656-5076.

RETURN THIS FORM AND ATTACHMENTS TO:

Chronic Renal Disease Program  
Drug Utilization Review  
P.O. Box 8811  
Harrisburg, PA 17105-8811