



## CHRONIC RENAL DISEASE PROGRAM REQUEST FOR MEDICAL EXCEPTION NUTRITIONAL SUPPLEMENTS

**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"/> <b>Boost® Diabetic</b> —2 (240mL or 237mL) cans per day maximum <input type="checkbox"/> <b>Boost® High Protein</b> —2 (240mL or 237mL) cans per day maximum <input type="checkbox"/> <b>Liquacel®</b> —2 (960mL) bottles per month <input type="checkbox"/> <b>Nepro®</b> —2 (240mL) cans per day maximum  <b>Please submit the most current albumin lab values (x 2) with request. A copy of the Medical Assistance (MA) denial will be needed for cardholders who are enrolled in MA.</b>
Treatment Modality:	<input type="checkbox"/> <b>Hemodialysis</b> <input type="checkbox"/> <b>Peritoneal Dialysis</b> <input type="checkbox"/> <b>Transplant</b>
Prescribing Physician:	
License Number:	
Telephone Number:	(     ) - Area Code
Facility Name:	
Facility Address:	
Telephone Number:	(     ) - Area Code
	<input type="checkbox"/> <b>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.</b>
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  
or **FAX to 1-888-656-5076**