

Instructions on How to Request an Exception

Use this form to ask for a drug to be covered. You can ask your doctor if you need help with this form.

1. Fill in your name, member ID and date of birth.
2. Fill in your doctor's name, phone number, and fax number.
3. Fill in the drug you are asking be covered.
 - a. Enter the "Strength" of the drug, if you know. For example, 40mg.
 - b. Enter how often you take the drug in the "Frequency" box. For example, once per day.
 - c. Enter the number of pills you would need for a one month supply.
 - d. Enter how long you expect to take the drug in the "Duration of Use" box. For example, long term or 3 months
4. Fill in the reasons you are using the drug in the "List Diagnosis" box.
5. Fill in the reason you need this drug in the "Clinical Rationale" box. For example, other drugs that are covered do not work for you.
6. Fill in other drugs you have tried that did not work in the "Formulary Alternatives" box.
 - a. Enter the strength you took in the "Max Dose Use" box.
 - b. Enter how often you took the drug in the "Dosing Frequency" box. For example, twice per day.
 - c. Enter the date you started and stopped taking the drug.
 - d. Include the reason it did not work. For example, Drug A made you sick. Drug B did not help your feel better.
7. Mark if this is urgent using the guideline on the form under "Processing Timeframe".
8. Mark if you are already using this drug. If you are using this drug, fill in how long you have been taking the drug.
9. Add other notes you want reviewed in the "Supporting Information" box.
10. Enter your name in the "Signature" box.
11. Click "Submit" to send this for review.
12. We will send a note with the decision to you and your doctor.