



**EXCEPTION TO  
COVERAGE**

This form may be sent to us by mail or fax:

ADDRESS	FAX
P.O. Box 999 Appleton, WI 54912-0999	855-668-8551
You may also ask us for an exception by phone at 866-333-2757.	

PLEASE FILL OUT ALL FIELDS COMPLETELY			
Date	<input type="text"/>	Prescriber Name	<input type="text"/>
Patient Name	<input type="text"/>	Prescriber NPI	<input type="text"/>
Unique ID	<input type="text"/>	Prescriber Phone	<input type="text"/>
Date of Birth	<input type="text"/>	Prescriber Fax	<input type="text"/>

REQUESTED DRUG INFORMATION		DIAGNOSIS / REASON FOR USE / CLINICAL RATIONALE	
DRUG	<input type="text"/>	List Diagnosis	ICD9/ICD-10:
STRENGTH	<input type="text"/>	<input type="text"/>	<input type="text"/>
FREQUENCY	<input type="text"/>	Clinical Rationale: <input style="width: 100%; height: 100%;" type="text"/>	
QUANTITY	<input type="text"/>		
DURATION OF USE	<input type="text"/>		

FORMULARY ALTERNATIVE(S)	MAX DOSE USED	DOSING FREQUENCY	USE START-END DATES	DESCRIBE SPECIFIC/ SIGNIFICANT SIDE EFFECTS AND/OR INEFFECTIVENESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Processing TimeFrame

**Standard Processing**

**Urgent Processing** (Urgent is defined as: There is an imminent and serious threat to your patient's health. To ensure immediate processing, please call 866-333-2757 for urgent requests.)

Has the patient already started on the requested medication  Yes  No

If yes, specify the duration of current therapy:

SUPPORTING INFORMATION FOR AN EXCEPTION REQUEST FOR PRIOR AUTHORIZATION

Please provide any additional clinical information required to establish medical necessity or comments pertinent to this request for coverage:

Signature

Date