



Dean Health Plan
1277 Deming Way
Madison, WI 53717
1-800-279-1301
Fax: 855-668-8551

Exception to Coverage Request
Allow 7 Days for Processing
Complete Legibly to Expedite Processing

COMPLETE REQUIRED CRITERIA AND FAX TO: 855-668-8551 (toll free)
Date: Prescriber Name:
Patient Name: Prescriber NPI:
Unique ID: Prescriber Phone:
Date of Birth: Prescriber Fax:
REQUEST TYPE: [ ] Quantity Limit Increase1 [ ] Gender-Specific2 [ ] High Dose3
[ ] New Drug4 [ ] Not Covered5

- 1 Quantity Limit Increase: Dose prescribed exceeds allowed quantity limits. Indicate diagnosis/clinical rationale why the covered quantity and/or dosing are insufficient. See formularies at navitus.com for specific quantity limit restrictions.
2 Gender-Specific Medications: Indicate diagnosis / clinical rationale for use.
3 High Dose Alert: Dose prescribed is flagged as >2.5 times the recommended maximum daily dose. Please provide monitoring criteria and/or clinical rationale for use of high dose.
4 New Drugs: Drug prescribed has not yet been reviewed by P&T Committee. For coverage consideration, all covered alternatives must be tried and failed or contraindicated. Complete the formulary alternatives table.
5 Not Covered Drugs: All formulary alternatives must be tried and failed or contraindicated. Complete the formulary alternatives table.

Table with 2 main columns: REQUESTED DRUG INFORMATION and INDICATION / REASON FOR USE / CLINICAL RATIONALE. Sub-columns include DRUG\*, STRENGTH, FREQUENCY, and QUANTITY.

\* If the drug requested is BRAND with an A-RATED GENERIC, an FDA MedWatch Form must be submitted. Access the form at http://www.fda.gov/medwatch/getforms.htm and attach a completed copy to request.

Table with 5 columns: Formulary Alternative(s), Max Dose Used, Dosing Frequency, Use Start-End Dates, Describe Specific and Significant Side Effects and/or Ineffectiveness.

\*\* If complex medical management exists, supply supporting documentation with this request.

If Approved, Coverage is Granted for One Year

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Access Formularies via our Provider Portal www.deancare.com > Providers> Prescribers Login