



Request for Dean Care Rx Coverage Determination

STEP 1: Please PRINT the Date, Physician Name, Address, Telephone#, and Fax#.

Date:	Physician Name:
Patient Name:	Physician Address:
Patient Address:	
Patient ID Number:	Telephone #:
Date of Birth:	Fax #:

STEP 2: Provide the following information about the drug.

Drug Name	Strength	Dose	Indication

Reason for Request: Please Check One

Rx is not on the Dean Care Rx formulary
Note: Medicare Part D does not pay for barbiturates, benzodiazepines, fertility drugs, drugs for weight loss or weigh gain, drugs for hair growth, over-the-counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations)

Tiering Exception-request for lower tier co pay (cannot request T1 co pay)

Quantity Limit Exception (plan authorizes less than patient requires)

Rx is not on the Employer Wrap Formulary

Other: _____

****If you need assistance determining your request, please contact DeanCare Rx Customer Service Department at 1-888-422-3326****

STEP 3: Complete the following information regarding ALL formulary alternatives the patient has tried.
 *Failure of ALL formulary alternatives may be required before a medical exception will be granted. To view your patient's drug formulary, please visit www.deancare.com/deancarerx.

Name of Alternative Prescription	Dose	Frequency	Duration of Trial (list start & end dates)	Describe Specific and Significant Side Effects and/or Ineffectiveness

Note: If there are complex medical management factors that exist for this patient, please provide medical record documentation substantiating your request. Navitus reserves the right to request supporting chart documentation

STEP 4: Please Sign, Then Fax or Mail to:

Prescriber's Signature: _____

Prescriber's DEA#: _____

Fax to: 920-735-5355
Navitus Health Solutions
999 Fourier Drive, Suite 301
Madison, WI 53717

Request for Expedited Review

REQUEST FOR EXPEDITED REVIEW (24 HOURS)
 → BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEPORDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIUM FUNCTION.