



# Dean Health Plan<sup>®</sup>

A member of SSM Health

## Medicare Step B Therapy Exception to Coverage Request

Allow 72 hours for Processing Complete  
Legibly to Expedite Processing

### COMPLETE REQUIRED CRITERIA AND FORWARD TO:

Navitus Health Solutions  
5 Innovations Court, Suite B  
Appleton, WI 54914  
Fax: 855-668-8551 (toll free) 920-735-5350 (Local)

Date:		Prescriber Name:	
Patient Name:		Prescriber NPI:	
Unique ID:		Prescriber Phone:	
Date of Birth:		Prescriber Fax:	

REQUEST TYPE:	<input type="checkbox"/> Non-Preferred Drugs <sup>1</sup>	<input type="checkbox"/> Part D Drugs First <sup>2</sup>
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<sup>1</sup> **Non-Preferred Drugs:** All formulary preferred must have been tried within the last 365 days and treatment failed or is contraindicated. Complete the formulary alternatives table and indicate clinical rationale.

<sup>2</sup> **Part D Drugs First:** Prior use of **oral** Part D medications before Part B medication is started. Indicate usage of all formulary preferred and clinical rationale and dates of treatment failure or contraindication.

REQUESTED DRUG INFORMATION		INDICATION / REASON FOR USE / CLINICAL RATIONALE
DRUG*		
STRENGTH		
FREQUENCY		
QUANTITY		

Please list ALL Preferred Agents that MEMBER has tried within the LAST 365 DAYS:

Preferred Agents	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](http://www.deancare.com)> For Providers> Provider Login