



**Express Scripts**  
**Phone (800) 417-8164**  
**Fax 877-837-5922**

**2009 Tier Exception Form**  
(Only applicable to tier 4 of a 5-tier formulary)

<b>Member's Last Name</b>	<b>Member's First Name</b>
<b>SCAN ID number</b>	<b>Date of Birth</b>
<b>Prescriber's Name</b>	<b>Contact Person</b>
<b>Office phone</b>	<b>Office Fax</b>

<b>Requested Tier 4 Medication:</b>	<b>Diagnosis:</b>
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1. Is the Tier 4 drug approved by the Food and Drug Administration (FDA) for which the Tier 1, Tier 2, and Tier 3 formulary medications are not approved?
2. Are there any drug-to-drug interactions with the Tier 1, Tier 2, and Tier 3 formulary alternatives and other medications that do not exist with requested Tier 4 medications?
3. Is the use of formulary Tier 1, Tier 2, and Tier 3 medications not generally accepted in medical practice in the treatment of the member's specific disease state?
4. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review? Note: Please paste "yes" or "no" answer in comments.