



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

Tier Exception Form

(Only applicable to the formulary tier 4 drugs of a 5-tier formulary)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Requested Tier 4 Medication:	Diagnosis:
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<p>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?</p>
<p>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?</p>
<p>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?</p>
<p>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.</p>

Notice: Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.