



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

Tier Exception Policy

(Only applicable to tier 3 of a 4-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 3 Medication:	Diagnosis:
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1. Is the Tier 3 drug approved by the Food and Drug Administration (FDA) for which the Tier 1 or Tier 2 formulary medications are not approved?
2. Are there any drug-to-drug interactions with the Tier 1 or Tier 2 formulary alternatives and other medications that do not exist with requested Tier 3 medications?
3. Is the use of formulary Tier 1 or Tier 2 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.

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