SecurityHealth Plan℠

Promises kept, plain and simple.®

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P.O. Box 8000
Marshfield, WI 54449-8000

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TTY 711 | Fax: 715.221.9989

Coverage Determination Request for Formulary Exception

Provider	Attention	Fax	Date (m/d/y) / /
Member	SMID		DOB (m/d/y) / /

Medication requested _____

Preferred formulary alternatives _____

Diagnosis under treatment _____

Anticipated regimen _____

Expected duration of therapy requested product _____

If the patient has already started therapy, has the medication had a desired therapeutic benefit where coverage under medical necessity is still appropriate and necessary: ☐ Yes ☐ No

If the drug is infused, is this going to be self-administered at home: ☐ Yes ☐ No

One or more of the following criteria must be met for coverage to be considered:

☐ Formulary alternative(s) ineffective. **Member must have tried available formulary alternatives.**

Provide the following:

Product/regimen _____ Dates of treatment _____

Product/regimen _____ Dates of treatment _____

☐ Member has suffered adverse event to fomulary alternative(s).

Provide the following:

Product/regimen _____ Dates of treatment _____ Adverse event(s) _____

Product/regimen _____ Dates of treatment _____ Adverse event(s) _____

☐ Formulary alternative(s) medically contraindicated for the following reason(s):

☐ No formulary alternatives are available.

Note: A favorable trial with samples is not taken into consideration for approval.

By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.

Provider signature _____ Date (m/d/y) _____ /_____ /_____

Return completed form by most convenient method:

Fax to:
Security Health Plan Pharmacy Services
Fax: 715.221.9989
Attention: Pharmacy Benefit Specialist

Mail to:
Pharmacy Benefit Specialist
Security Health Plan Pharmacy
P.O. Box 8000
Marshfield, WI 54449

MC provider route to:
Pharmacy Benefit Specialist
Routing location: SHP

Any questions, contact the Pharmacy Department at 715.221.9899.

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