



Navitus Health Solutions  
 1025 West Navitus Drive  
 Appleton, WI 54913  
 Customer Care: 1-877-908-6023

Fax: 1-855-668-8553

**Exception to Coverage Request**  
 Complete Legibly to Expedite Processing

**COMPLETE REQUIRED CRITERIA AND FAX TO: NAVITUS HEALTH SOLUTIONS**

<b>Date:</b>		<b>Prescriber Name:</b>	
<b>Patient Name:</b>		<b>Prescriber NPI:</b>	
<b>Unique ID:</b>		<b>Prescriber Phone:</b>	
<b>Date of Birth:</b>		<b>Prescriber Fax:</b>	

<b>REQUEST TYPE:</b>	<input type="checkbox"/> <b>Quantity Limit Increase</b>	<input type="checkbox"/> <b>High Dose</b>

Based on the request type, provide the following information. Exception requests must be sent to Navitus via fax for review. If complex medical management exists, include supporting documentation with this request. **Not Covered or Excluded Medications Must be Appealed Through the Members Health Plan.**

- **Quantity Limit Increase:** Dose prescribed exceeds allowed quantity limits. Indicate diagnosis/clinical rationale why the covered quantity and/or dosing are insufficient. See formularies at [navitus.com](http://navitus.com) > Providers > Texas Medicaid STAR/ CHIP or at [www.txvendordrug.com](http://www.txvendordrug.com)
- **High Dose Alert:** Dose prescribed is flagged as > 2.5 times the recommended maximum daily dose. Please provide monitoring criteria and/or clinical rationale for use of high dose.

<b>REQUESTED DRUG INFORMATION</b>		<b>INDICATION / REASON FOR USE / CLINICAL RATIONALE</b>
<b>DRUG</b>		
<b>STRENGTH</b>		
<b>FREQUENCY</b>		
<b>QUANTITY</b>		

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_