

Appendix A: Standard Exception Form for Contraceptives

**REQUEST FOR AN ALTERNATIVE CONTRACEPTIVE FOR PATIENTS  
COVERED UNDER A COLORADO HEALTH BENEFIT PLAN  
(other than self-funded ERISA coverage, Medicaid, Medicare, and TRICARE)**

Carriers must cover a non-formulary contraceptive without cost-sharing upon the recommendation of the patient’s health care provider.

If the carrier, or pharmacy benefit management firm acting on behalf of a carrier, requires a written request for a non-formulary contraceptive, the provider must complete this form and send it to the patient’s health benefit plan to obtain coverage of a contraceptive that is not on the plan’s prescription drug formulary, but is determined to be medically necessary for the patient by the provider.

Patient Information		
<b>Name</b>		<b>Date of Birth</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Health Insurer Name</b>	<b>Patient’s Member ID #</b>	

Attending Health Care Provider Information		
<b>Name</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Office Phone</b>	<b>Fax</b>	
<b>Tax ID # / NPI # (if available)</b>	<b>Facility Name (if applicable)</b>	
<b>Office Point of Contact</b>	<b>Preferred Contact Method</b>	

**Alternative Contraceptive Request (to be completed by the attending health care provider)**

The covered therapeutic and pharmaceutical equivalent versions of a contraceptive are:  
(check one)

- Not available; OR
- Deemed medically inappropriate

**Requested Alternative Contraceptive: (complete applicable items)**

I, the patient's attending health care provider, in my reasonable professional judgment, have determined that the use of the non-covered therapeutic or pharmaceutical equivalent of a contraceptive listed below is warranted.

Contraceptive Name	Strength	Quantity per Month
J-code	Units Requested <sup>1</sup>	Proposed Date of Service
<input type="checkbox"/> Check if a generic equivalent may be substituted for the requested contraceptive drug, device, or product.		

**Exception Request**

NOTE: Per Colorado law, a carrier that receives this exception request for a non-formulary contraceptive shall consider that request as an expedited exception request and must respond within 24 hours following receipt of this request. Carriers are prohibited from requiring a covered person, a person's authorized representative, or an individual's provider to appeal an adverse benefit determination for a contraceptive using the carrier's internal claims and appeals process.

**Signature**

**I certify that the information provided in this form is accurate to the best of my knowledge.**

Health Care Provider's Signature	Date

**Send the completed form to:**

<sup>1</sup> Pursuant to section § 10-16-104.2, Colorado Revised Statute, carriers must reimburse a participating provider for prescription contraceptives intended to last for a 12-month period.