

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		
Name		Date of Birth
Address		
City	State	Zip Code
Health Insurer Name	Patient's Member ID #	

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

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 Requested¹	Proposed Date of Service
☐ 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:

¹ 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.

Fax Number: 844-521-6939