



Aspirus Formulary Exception Criteria

A formulary exception is granted if the following criteria are met.

- The drug is not excluded from coverage AND
- The drug is prescribed for a medically accepted indication AND
- The requested drug is being prescribed within recommended dosing guidelines AND
- All alternative drugs on formulary are contraindicated OR have been tried and were not effective or tolerated

Approval duration for formulary exceptions is one year from the approval date.

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U11371 (03/2024)
U50047

Statement of Nondiscrimination

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).