

Provider Protocol Exemption Request Form

To prescribe a medication, medical procedure or course of treatment for a condition that is different from the step-therapy protocol developed by Florida Blue or Truli for Health (Truli), complete this Provider Protocol Exemption Form. Complete the entire form in accordance with the instructions contained in [Florida Blue's Manual for Physician and Providers](#) or [Truli for Health's Manual for Providers](#).

When complete, fax it to 1-877-219-9448 with all necessary medical records and documentation required for Florida Blue to determine an exemption.

Circle if this request is URGENT or STANDARD

DATE: _____

Circle if this request is for FLORIDA BLUE or TRULI

Check reason for Protocol Exemption Request

<input type="checkbox"/>	Utilization Management or Precertification Medication	<input type="checkbox"/>	Medical Service	<input type="checkbox"/>	Treatment
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1. Provider Information

Provider Name		National Provider Identifier (NPI)		Florida Blue or Truli Provider Number	
Street Address		City		State	Zip
Telephone Number	Fax Number	Contact Name			

2. Patient Information

Last Name	First Name
Member/Contract Number (alphas and numeric)	Date of Birth
Street Address	State and Zip Code
Phone Number	Employer (if applicable)

3. Condition/Diagnosis/Medical Service

ICD-10 code	Date(s) of Service (MM/DD/YYYY) (From) (To)
Procedure Code(s)	J-Code

4. Protocol Exemption Explanation

Supporting Documentation: ALL medical documentation related to the request must accompany this form (i.e., medical records, operative report, etc.)

****Please note: Effective immediately, the related medical documentation must be submitted with the request, or it will not be considered a valid request.**