



STATE OF WASHINGTON
 DEPARTMENT OF HEALTH

PrEP DAP EXCEPTION TO POLICY REQUEST

For eligibility, medication, and insurance premium exception requests.

If the Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) approves the request, payment is still subject to all general conditions of the program.

CLIENT INFORMATION

Client Name <i>Please include only client initials if you plan on emailing back to PrEP DAP</i>	
PrEP DAP ID Number	
Date of Birth	

REQUESTOR

Name <i>Leave include your initials only if you are the client and you plan to email this form back to PrEP DAP</i>	
Agency (If applicable)	
Date of Request	

EXCEPTION REQUEST

Reason for Request	
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Description	
Have you requested an exception to policy from the insurance plan if insurance does not cover?	
Other resources (e.g., charity care, patient assistance program) that client has applied for	

Please provide all supporting documents.

Requestor Signature: _____ **Date:** _____

I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.

PrEP DAP USE ONLY
PROVIDER: DO NOT COMPLETE THIS PORTION

Reviewer Decision:	Approve Deny	Cost:	
Start Date		End Date	
Signature		Date	

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP)
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