

This form is provided on another website.

> [Minnesota Uniform Formulary Exception Form \(PDF\)](#)

Use the following data to complete Section A:

- Group Purchaser Name: **FirstPlan of Minnesota**
- Group Purchaser Contact Name (if available): **Prime Therapeutics LLC**
- Group Purchaser Address: **Clinical Review Department**
- City, State, Zip: **1020 Discovery Road, No. 100**
- Group Purchaser Phone: **Eagan, Minnesota 55121**
- Secure Fax #: **1-866-202-3474**
- **1-877-480-8130**