

Important Information about Prescription Drug Coverage

To: _____ From: _____

Fax: _____ Pages: _____

Re: Request for Step Therapy Exception: Please Respond.

- Please complete the attached Request for Step Therapy Exception Form.
- To prevent delays in the review process please complete all requested fields.
- Completed forms should be faxed to:1-855-633-7673. It is not necessary to fax this cover page.

Information about this Request for Step Therapy Exception

Use this form to request an exception to the plan step therapy requirement. Step therapy drugs are formulary drugs that are covered only if certain first-line formulary alternatives have been tried first. To process this request, documentation must be provided that Step 1 medications have been tried or are likely to cause adverse effects. Please provide clinical information or other evidence supporting medical necessity of the Step 2 drug, including previous drugs attempted for this patient's condition.

You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Information on the attached form is protected health information and subject to all privacy and security regulations under HIPAA.

Member privacy is important to us. Our employees are trained regarding the appropriate way to handle our members' private health information.

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