



Navitus Health Solutions
 1025 West Navitus Drive
 Appleton, WI 54913
 Customer Care: 1-866-333-2757

Fax: 1-855-668-8551

Step Therapy
 Complete Legibly to Expedite Processing

PATIENT AND PROVIDER INFORMATION

Date:		Prescriber Name:	
Patient Name:		Prescriber NPI:	
Unique ID:		Prescriber Phone:	
Date of Birth:		Prescriber Fax:	

REQUESTED DRUG INFORMATION | INDICATION / REASON FOR USE / CLINICAL RATIONALE

DRUG*		
STRENGTH		
FREQUENCY		
QUANTITY		

Preferred Drug List Alternative(s) Tried	Max Dose Used	Dosing Frequency	Use Start-End Dates	Describe Specific and Significant Side Effects and/or Ineffectiveness

COMPLETE REQUIRED CRITERIA

The patient tried and failed, or was intolerant to, the step criteria listed per the formulary for the medication requested.

SUBMISSION - SIGN AND FAX TO: NAVITUS HEALTH SOLUTIONS AT 855-668-8551

Prescriber Signature: _____ **Date:** _____

If patient meets criteria, allow 2 business days for processing
 If criteria not met, submit chart documentation with form citing complex medical circumstances
 If approved, coverage allowed for lifetime (subject to formulary changes)
 For questions, please call Navitus Customer Care at 1-866-333-2757