



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

MEMBER AND PROVIDER INFORMATION

Date:		Prescriber Name:	
Member 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 member tried and failed, or was intolerant to, the step criteria listed per the formulary for the medication requested.

OR Drug is prescribed to treat stage-four advanced, metastatic cancer or a health condition associated with stage-four advanced, metastatic cancer.

Please list type of cancer being treated: _____

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

Prescriber Signature: _____ Date: _____

If member 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.