STEP THERAPY PROTOCOL OVERRIDE DETERMINATION REQUEST

I hereby request a step therapy override determination pursuant to Insurance Law Section 4903 and Public Health Law Section 4903 because the prescription drug or drugs required by the health plan:

___ Is contraindicated or will likely cause an adverse reaction by physical or mental harm to the patient;

___ Is expected to be ineffective based on the known clinical history and conditions of the patient and his/her prescription drug regimen;

___ Has been tried by the patient or another prescription drug(s) in the same pharmacologic class or with the same mechanism for action and such prescription drug(s) was discontinued due to a lack of efficacy or effectiveness, diminished effect or an adverse event;

___ Should not be required because the patient is stable on another prescription drug selected by their health care professional for the medical condition under consideration; or

___ Is not in the best interest of the patient because it will likely cause a significant barrier to a patient's adherence with his/her plan of care, will likely worsen a comorbid condition of a the patient, or will likely decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities.

Patient Name _____

Patient ID # _____

Subscriber's Name (if different than patient) _____

Physician Name _____

Physician Phone # _____

Physician E-mail address _____

Physician NPI # _____

Health Plan _____

Group Health Plan # _____

Medication/Dosage Requested by the Physician _____

Medication Required by the Health Plan _____

Date/Time of the Request _____

__ Pursuant to Insurance Law Section 4903 (c-2) and Public Health Law Section 4903 (3-b), I hereby request a determination within 24 hours because the request is for a patient with a medical condition that places the health of my patient in serious jeopardy without the prescription drug or drugs I am prescribing for my patient.

Please See Reverse Side for Rationale for the Request

Rationale for the request:

Please see the attached documentation supporting the rationale for the request