Ambetter plans in Washington State are issued by Coordinated Care Corporation.

STEP THERAPY EXCEPTION REQUEST FORM

This form is intended to request an exception to step therapy requirements. Supporting documentation is required and additional clinical criteria may apply.

FAX this completed form to (800) 977-4170
Or attach this form to an electronic prior authorization request at https://www.covermymeds.com/main/prior-authorization-forms/
Or mail this form to: Centene Pharmacy Services - Coverage Determinations; P.O. Box 31397 Tampa, FL 33631-3397

I. Provider Information		II. Member Information
Prescriber name (print):		Member name:
Requesting Provider NPI:	TIN:	Identification number:
Servicing Facility/Provider NPI:	TIN:	Group number:
Fax:		Date of Birth:
Phone:		Medication allergies:

III. Drug Information

Drug name and strength:	Dosage form:	Dosage Interval (sig):	Qty per Day:
Diagnosis relevant to ***this*** request:			
Expected length of therapy:			

Medication History for this Diagnosis

A. Is member currently treated on this medication?

☐ yes; How Long?_____[go to item B] ☐ no [skip item B; go to item C]

B. Is this request for continuation of a previous approval from a prior health plan?

☐ yes [please provide documentation of approval, or valid claim history from last 90 days] ☐ no

C. Please indicate previous treatment and outcomes below.

Drug Name (include strength and dosage)	Dates of Therapy	Reason for Discontinuation
1		
2		
3		
4		

NOTE: Confirmation of use will be made from member history on file; prior use of preferred drugs is a part of the exception criteria. The Ambetter Formulary is available on the Ambetter website at www.ambetterhealth.com (search for your state to view your specific formulary document.)

IV. Additional Clinical Information

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider Signature:	Date:

Requests for step therapy exceptions must include member name, ID#, and drug name. Incomplete forms will delay processing. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)