silversummit healthplan

STEP THERAPY EXEMPTION REQUEST FORM
SILVERSUMMIT HEALTHPLAN - NEVADA

FAX this completed form to (833) 645-2736

This form is to be submitted in addition to the prior authorization request form either by web portal or fax.

Please provide any clinical documentation, progress notes, labs, radiology results related to supporting the request

****Note to reviewer - all Nevada step therapy exemption forms are to be processed as urgent****

Final determination of all applications will be performed by either a pharmacist, physician, or registered nurse

I. ATTENDING PRACTITIONER INFORMATION	**II. MEMBER INFORMATION**
Prescriber name (print):	Member name:
Office contact name:	Identification number:
NPI:	Group number:
Fax:	Date of Birth:
Phone:	Medication allergies:

III. DRUG INFORMATION (One drug request per form)

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 with 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?

☐yes [go to item C] ☐no [go to item C]

C. Please indicate previous treatment and outcomes below.

Drug Name (include strength and dosage)	**Dates of Therapy**	**Reason for Discontinuation**

NOTE: Confirmation of use will be made from member history on file; prior use of preferred drugs is a part of the exception criteria. **SilverSummit HealthPlan Preferred Drug List (PDL)** is available on the **SilverSummit HealthPlan** website at www.SilverSummitHealthPlan.com.

IV. RATIONALE FOR REQUEST / PERTINENT CLINICAL INFORMATION (Required for all Request)

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

Requests for prior authorization must include member name, ID #, and drug name. Please include lab reports with requests when appropriate (e. g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)

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