

Step therapy override medical injectable request form — Instructions and definitions

For Blue Plus[®] Families & Children, MSC+ patients or providers

Instructions:

For additional copies of this form, go to **bluecrossmn.com**.

- Please complete the whole form (two pages) and include medical records and/or research studies with it. **If medical records are not provided to support the reason for the request, Blue Plus cannot process this request.**
- Please use one form per patient or provider for each requested drug
- Please allow Blue Plus 24 hours to review this request and issue a decision
- The patient or provider should complete the Patient and Prescriber information sections
- A provider should complete the Billing Facility Information and Medical Injectable Requested sections
- A patient or provider should mark one of the bubbles for the step therapy override reason
- The provider or patient requesting the step therapy override must sign this form

Definitions:

- **Step therapy:** Requirements for a provider to prescribe drugs in a certain order to treat a specific health condition
- **Minnesota step therapy override:** The process that allows a provider to avoid having to use drugs in the order of the step therapy guidelines
- **Minnesota step therapy override statute:** To see the full statute, go to <https://www.revisor.mn.gov/statutes/cite/62Q.184>
- **Medical injectable:** A prescription drug given to someone by needle. A medical injectable drug is covered under the medical benefit, not the pharmacy benefit.
- **Medical benefits:** Health care items or services covered by the health plan
- **Pharmacy Benefits:** Prescription drugs available through the pharmacy benefit manager. Covered drugs are listed in the health plan's formulary (i.e., list of covered drugs).

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Please call 1-844-410-0752 (TTY 711) for requests or questions.

Please fax completed forms to 1-833-224-6929.

You can also mail completed forms to: Blue Cross and Blue Shield of Minnesota and Blue Plus

Attn: Consumer Service Center

P.O. Box 64033

St. Paul, MN 55164-4033

Patient information:

Last name	First name	MI	Blue Plus ID	Date of birth	Sex (check one)	
					M	F
Height (inches)	Weight (pounds)	Member's place of residence (check one):		Home		
				Nursing facility		
Administration site (check one):	Home	Office	Outpatient facility			

Prescriber information:

Last name	First name	MI	Telephone number
Address where service was rendered	City		State
ZIP code	DEA/license		NPI (required)
Office contact name	Office contact direct phone number		
	Fax number		

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Billing facility information:

Name	NPI/Tax ID (required)	DEA/license
Address where service was rendered	City, State ZIP Code	
Office contact name	Office contact direct phone number	
	Fax number	

Medical injectable requested:

Drug name and strength requested:	SIG: (dose, frequency and duration)	HCPCS billing code
Diagnosis and/or indication:	ICD code (required):	

You can request a **step therapy override** for **one** of the following reasons:

- 1) You/patient cannot take a step therapy drug because the package insert says you/the patient should not take this drug.
- 2) You/patient took the step therapy drug, but had a bad reaction to it. It is not safe for you/the patient to take it any longer.
- 3) You/patient took the step therapy drug but it made one of the medical condition(s) worse. It is not safe for you/the patient to take it any longer.
- 4) You/patient took the step therapy drug for the right amount of time, but have since stopped taking it because: a) it was not effective, b) it caused a bad effect, or c) there is a better drug for you/the patient, and there is data to support another drug.
- 5) You are/patient is currently taking the requested drug, which was covered by another health plan. This drug is working, and stopping this drug and replacing it with a step therapy drug could hurt your/the patient's health.

Prescriber's signature (required) Date

Patient's signature Date