

Supporting Information for Step Therapy Exception Request

Pursuant to [ORS 743B.602](#)

Determination required within:

- 1 business day (urgent)
- 72 hours or 2 business days (whichever is later)

Pursuant to [ORS 743B.602](#), the patient qualifies for an exception to the step therapy protocol because any **one** of the following conditions has been met:

- The required drug is contraindicated or cause the patient to experience a clinically predictable adverse reaction.
- The required drug is expected to be ineffective.
- The patient has tried the required drug, or a drug in the same pharmacologic class or with the same mechanism of action as the required drug, and the drug was discontinued due to a lack of efficacy or effectiveness, diminished effect, or an adverse event.
- The patient has experienced a positive therapeutic outcome for at least 90 days on a drug other than the required drug while enrolled in their current or immediately preceding health care coverage, and changing to the required drug may cause a clinically predictable adverse reaction or physical or mental harm to the patient.
- The required drug is not in the best interest of the patient based on medical necessity.

Rationale for Request

Signature:

Date:

Attn: Department of Financial Regulation

Fax: 503-947-7862 / Complaint: <https://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx>