

Supporting Information for Step Therapy Exception Request

Pursuant to Ohio Revised Code [TITLE 39 §3901.832](#) AND [TITLE 51 §5164.7514](#)

Determination required within:

- 48 hours (exigent circumstances)
- 10 calendar days

Pursuant to the Ohio Revised Code cited above, 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 pursuant to FDA prescribing information.
- The patient has tried the required drug or another AB-rated prescription drug and such drug was discontinued due to lack of efficacy, effectiveness, diminished effect, or an adverse event.
- The patient is stable on a drug other than the required drug for the medical condition under consideration or has already gone through a step therapy protocol while on their current or a previous plan, and no pharmaceutical alternative in the FDA orange and purple books is available.

Rationale for Request

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Signature:

Date:

Attn: Department of Insurance

Phone: 800-686-1526 /Complaint: <https://insurance.ohio.gov/wps/portal/gov/odi/about-us/complaint-center/complaint-center-1>