

Supporting Information for Step Therapy Exception Request

Pursuant to [Chapter 9, Sections 1 – 6, Laws 2018](#)

Determination required within:

- 24 hours (urgent)
- 72 hours

Pursuant to [Chapter 9, Sections 1 – 6, Laws 2018](#), 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.
- The required drug is likely to cause an adverse reaction or physical or mental harm.
- The required drug is expected to be ineffective.
- The patient has tried the required drug, or another drug in the same pharmacologic class or with the same mechanism of action, and the drug was discontinued due to a lack of efficacy, diminished effect, or an adverse event.
- The required drug is not in the best interest of the patient because the required drug would:
 - Cause a significant barrier to adherence or compliance with a plan of care.
 - Worsen a comorbid condition.
 - Decrease the patient's ability to achieve or maintain reasonable functional ability performing daily activities.

Rationale for Request

Signature:

Date:

Complaints:

Superintendent of Insurance: <https://www.osi.state.nm.us/index.php/file-a-complaint/> / Attorney General: <https://www.nmag.gov/file-a-complaint.aspx> / Medical Assistance Division: mhcb.grievance@state.nm.us