

Supporting Information for Step Therapy Exception Request

Pursuant to [IC 27-8-5-30](#), [IC 27-13-7-23](#), and [IC 5-10-8-17](#)

Determination required within:

- 1 business day (urgent)
- 3 business days

Pursuant to the Indiana 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 prescription drug is contraindicated or will likely cause an adverse reaction, 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, effectiveness, diminished effect, or an adverse event.
- The required drug is not in the best interest of the patient because the required drug is expected to:
 - Cause a significant barrier to adherence or compliance with a plan of care;
 - Worsen a comorbid condition; or
 - Decrease the insured's ability to achieve or maintain reasonable functional ability in performing daily activities.

Rationale for Request

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Signature:

Date:

Attn: Department of Insurance

Phone: 1-800-457-8283 /Complaint: <https://www.in.gov/doi/2552.htm>