

**Supporting Information for Step Therapy Exception Request**

Pursuant to [HSC §1367.206, §1367.241, INS §10123.191, & INS §10123.201](#)

Determination required within:

- 24 hours (urgent)
- 72 hours

Pursuant to [HSC §1367.206, §1367.241, INS §10123.191, & INS §10123.201](#), 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.
- The required drug is likely, or expected, to cause an adverse reaction or physical or mental harm in comparison to the requested prescription drug.
- The required drug is expected to be ineffective.
- The patient has tried the required drug under their current, or a previous health coverage or Medicaid, and the drug was discontinued due to a lack of efficacy, effectiveness, diminished effect, or an adverse event.
- The patient is stable on a prescription drug other than the required drug.
- The required drug is not clinically appropriate because the drug is expected to do any of the following as determined by the prescribing provider:
  - Worsen a comorbid condition.
  - Decrease capacity to maintain reasonable functional ability in performing daily activities.
  - Pose a significant barrier to adherence to, or compliance with, the patient’s drug regimen or plan of care.

**Rationale for Request**

[Empty box for Rationale for Request]

**Signature:**

**Date:**

**Attn: DMHC / DOI**

DMHC: <https://www.dmhc.ca.gov/FileaComplaint/ProviderComplaintAgainstaPlan.aspx> / DOI: <http://www.insurance.ca.gov/01-consumers/101-help/hcpcomplaints.cfm>