

Supporting Information for Step Therapy Exception Request

Pursuant to [§23-79-2104](#) Arkansas Code Annotated

Determination required within:

- 24 hours (urgent)
- 72 hours

Pursuant to [§23-79-2104](#) Arkansas Code Annotated, 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 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, 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 in the best interest of the patient based on medical necessity.

Rationale for Request

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Signature:

Date:

Attn: Department of Insurance

Fax: 501-371-2749 / Complaint: <https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=AR&dswid=-1280>