

Supporting Information for Step Therapy Exception Request

Pursuant to C.R.S [25.5-4-428](#)

Determination required within:

- 24 hours

Pursuant to C.R.S [25.5-4-428](#), 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 will likely cause intolerable side effects, a significant drug-drug interaction, or an allergic reaction
- The required drug lacks efficacy
- The patient has tried the required drug and it was discontinued due to intolerable side effects, a significant drug-drug interaction, or an allergic reaction
- The patient is stable on a drug other than the required drug

Rationale for Request

--

Signature:

Date:

Attn: Department of Commerce & Insurance

Email: hcpfmembercomplaints@state.co.us / Complaint: <https://hcpf.colorado.gov/county-member-complaints>