

Supporting Information for Step Therapy Exception Request

Pursuant to C.R.S [10-16-145](#)

Determination required within:

- 3 business days (normal)
- 24 hours (urgent)

Pursuant to C.R.S [10-16-145](#), 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 to cause an adverse reaction or harm.
- The required drug is ineffective based on the known clinical characteristics of the patient and the drug regimen.
- 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 lack of efficacy, effectiveness, diminished effect, or an adverse event.
- The patient is stable on a drug other than the required drug.

Rationale for Request

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Signature:

Date:

Attn: Department of Commerce & Insurance

Phone: DORA_Insurance@state.co.us / Complaint: <https://doi.colorado.gov/for-consumers/file-a-complaint>