

Supporting Information for Step Therapy Exception Request

Pursuant to Delaware State Code [Title 18 §3381](#)

Determination required within:

- 24 hours (urgent)
- 2 business days

Pursuant to Delaware State Code [Title 18 §3381](#), 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, physical or mental harm, or is likely to be ineffective.
- The patient previously discontinued taking the required drug, or another drug in the same pharmacologic class, or with the same mechanism of action, due to ineffectiveness, diminished effect, or an adverse event while under their current or previous health benefit plan.
- 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

Signature:

Date:

Attn: Department of Insurance

Email: consumer@delaware.gov / Complaint: <https://insurance.delaware.gov/services/filecomplaint/>