

## Supporting Information for Step Therapy Exception Request

Pursuant to [§514F.7 Iowa Code](#)

Determination required within:

- 72 hours (urgent)
- 5 calendar days

Pursuant to [§514F.7 Iowa Code](#), 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.
- Due to a documented adverse event with a previous use, or a documented medical condition, the required prescription drug is likely to cause an adverse reaction, cause physical or mental harm, or decrease ability to achieve or maintain reasonable functional ability performing daily activity.
- The required drug is expected to be ineffective based on the clinical characteristics of the patient such as the patient's adherence or compliance with a plan of care, the clinical characteristics of the required drug, the prescriber's medical judgement based on peer-reviewed literature or clinical practice guidelines, or the patient's documented experience with the required drug.
- The patient discontinued a therapeutically equivalent dose of the required drug due to ineffectiveness.
- The patient is currently receiving a positive therapeutic outcome on a prescription drug other than the required drug.

### Rationale for Request

Signature:

Date:

**Attn: Department of Insurance**

Email: <https://iid.iowa.gov/contact> / Complaint: <https://iid.iowa.gov/insurance-consumer-complaint>