

Supporting Information for Step Therapy Exception Request

Pursuant to [§304.17A-163](#) Kentucky Revised Statutes

Determination required within:

- 48 hours

Pursuant to [§304.17A-163](#) Kentucky Revised Statutes, 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 is likely to cause an adverse reaction or physical or mental harm.
- The required drug is expected to be ineffective based on the known clinical characteristics of the patient and the drug regimen.
- The required drug is not in the best interest of the patient because it is expected to cause a significant barrier to adherence or compliance with a plan of care, worsen a comorbid condition, or decrease ability to achieve reasonable functional ability performing daily activities.
- The patient tried the required drug, or another drug in the same pharmacologic class or with the same mechanism of action, and it was discontinued due to lack of efficacy, effectiveness, diminished effect, or an adverse event.
- The patient is stable on a prescription drug other than the required drug.

Rationale for Request

Signature:

Date:

Attn: Department of Insurance

Phone: 502-564-3630 / Complaint: https://insurance.ky.gov/ppc/newstatic_info.aspx?static_id=1