

## Supporting Information for Step Therapy Exception Request

Pursuant to [Chapter 254, Acts \(2022\)](#), 193<sup>rd</sup> Massachusetts General Court

Determination required within:

- 24 hours (urgent)
- 3 business days

Pursuant to [Chapter 254, Acts \(2022\)](#), 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 or will likely cause an adverse reaction or physical or mental harm.
- The required drug is expected to be ineffective.
- 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 or effectiveness, diminished effect, or an adverse event.
- The patient is stable on a drug, and switching drugs will likely cause an adverse reaction, physical, or mental harm.

### Rationale for Request

Signature:

Date:

**Attn: Office of Medicaid**

Fax: 1-617-887-8797 / Mailing: 100 Hancock St., 6<sup>th</sup> Floor, Quincy, MA 02171