

Supporting Information for Step Therapy Exception Request

Pursuant to [24-A MRSA §4320-L](#)

Determination required within:

- 24 hours (urgent)
- 48 hours

Pursuant to [24-A MRSA §4320-L](#), 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 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 a lack of efficacy, 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 Professional & Financial Regulation

Fax: 207-624-8599 / Complaint: <https://www.maine.gov/pfr/insurance/complaint.html>