

NEW MEXICO: Supporting Information for Off-Formulary Exception Request

Pursuant to New Mexico [Chapter 9, Sections 1-6, Laws 2018](#)

Determination required within:

- 24 hours (exigent circumstances)
- 72 hours

Pursuant to [Chapter 9, Sections 1-6, Laws 2018](#), the patient qualifies for an exception to the step therapy protocol because any **one** of the following conditions has been met:

- The prescription drug is contraindicated.
- The prescription drug is likely to cause an adverse reaction or physical or mental harm.
- The prescription drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen.
- The patient has tried the prescription drug that is the subject of the exception request or another prescription drug in the same pharmacologic class or with the same mechanism of action as the prescription drug that is the subject of the exception request and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect or an adverse event.
- The prescription drug required pursuant to the step therapy protocol is not in the best interest of the patient, based on clinical appropriateness, because the patient's use of the prescription drug is expected to:
 - Cause a significant barrier to adherence or compliance with a plan of care.
 - Worsen a comorbid condition.
 - Decrease the patient's ability to achieve or maintain reasonable functional ability performing daily activities.

Rationale for Request

Signature:

Date:

Complaints

Superintendent of Insurance: <https://www.osi.state.nm.us/index.php/file-a-complaint/>

Attorney General: <https://www.nmag.gov/file-a-complaint.aspx>

Medical Assistance Division: mhcb.grievance@state.nm.us