

OREGON: Supporting Information for Step Therapy Exception Request

Pursuant to [OR Rev Stat § 743B.602 \(2023\)](#)

This Step Therapy Exception Request applies to Individual and Group Health Benefits Plans, and does not apply to all health plans issued in the state.

Determination required within:

- 1 business day (urgent)
- 72 hours or 2 business days (whichever is later)

Pursuant to [OR Rev Stat § 743B.602 \(2023\)](#), the patient qualifies for an exception to the step therapy protocol because at least **one** of the following conditions has been met:

- The required drug is contraindicated or will cause the patient to experience a clinically predictable adverse reaction.
- The required 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: 1) the required drug, 2) a drug in the same pharmacologic class or 3) a drug with the same mechanism of action as the required drug, AND the patient's use of the drug was discontinued due to a lack of efficacy or effectiveness, diminished effect, or an adverse event.
- For a period of at least 90 days, the patient has experienced a positive therapeutic outcome from the drug for which the exception is requested while enrolled in the current or immediately preceding health care coverage. Changing to the drug required by the step therapy may cause a clinically predictable adverse reaction or physical or mental harm to the beneficiary;
- The drug required by the step therapy is not in the best interest of the patient based on medical necessity.

Rationale for Request

Signature: _____

Date: _____

Healthcare Providers & Practice Partners: Submit this form to the patient's health plan to request an exception to the patient's step therapy protocols.

If the health plan fails to respond within the determination timeline above, you may file a complaint for violations of the state's step therapy law with the Oregon Division of Financial Regulation:

DFR.InsuranceHelp@dcbs.oregon.gov • 888-877-4894
<https://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx>