

Supporting Information for Step Therapy Exception Request

Pursuant to [§56-7-3502](#) Tennessee Code Annotated

Determination required within:

- 2 business days

Pursuant to [§56-7-3502](#), 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 to cause an adverse reaction or physical or mental harm due to a documented adverse event with a previous use or documented medical condition, including a comorbid condition.
- 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 is receiving a positive therapeutic outcome on a drug other than the required drug, and a switch to the required drug is expected to be ineffective or cause harm.

Rationale for Request

Signature:

Date:

Attn: Department of Commerce & Insurance

Phone: 615-741-2241 / Complaint: <https://www.tn.gov/commerce/resources-services/file-a-complaint.html>