

VERMONT: Supporting Information for Off-Formulary Exception Request

Pursuant to Vermont [18 V.S.A. § 9418b\(g\)\(4\)](#)

Determination required within:

- 24 hours (exigent circumstances)
- Two (2) business days

Pursuant to [18 V.S.A. § 9418b\(g\)\(4\)](#), 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 is likely to cause an adverse reaction or physical or mental harm.
- The required drug under the step-therapy protocol is expected to be ineffective based on the insured’s known clinical history, condition, and prescription drug regimen.
- The patient has tried the prescription drugs on the protocol, or other prescription drugs in the same pharmacologic class or with the same mechanism of action, which have been discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event, regardless of whether the insured was covered at the time on a plan offered by the current insurer or its pharmacy benefit manager.
- The patient is stable on a prescription drug selected by the patient’s treating health care professional for the medical condition under consideration.
- The step-therapy protocol or a prescription drug required under the protocol is not in the patient’s best interests because it will:
 - Pose a barrier to adherence.
 - Likely worsen a comorbid condition.
 - Likely decrease the patient’s ability to achieve or maintain reasonable functional ability.

Rationale for Request

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Signature:

Date: