

Supporting Information for Step Therapy Exception Request

Pursuant to [Revised Code of Washington 48.43.420](#)

Determination required within:

- 1 business day (urgent)
- 3 business days

Pursuant to [RCW 48.43.420](#), the patient qualifies for an exception to the step therapy protocol because any **one** of the following conditions has been met:

- The required prescription drug is contraindicated or will likely cause a clinically predictable adverse reaction.
- 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, effectiveness, diminished effect, or an adverse event.
- The patient is currently experiencing a positive therapeutic outcome on a prescription drug other than the required drug, and changing to the required prescription drug may cause clinically predictable adverse reactions, physical, or mental harm to the patient.
- The required drug is not in the best interest of the patient based on medical appropriateness, because the required drug is expected to:
 - Create a barrier to the patient's adherence to or compliance with their plan of care;
 - Negatively impact a comorbid condition;
 - Cause a clinically predictable negative drug interaction; or
 - Decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities.

Rationale for Request

Signature:

Date:

Attn: Office of the Insurance Commissioner

Fax: 800-562-6900 /Complaint:

<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>