

# STEP THERAPY HISTORY TRACKER

*Critical evidence for prior authorization requests and appeals*

Document what was tried, for how long, and why it was not sufficient.

*This guide is for informational purposes only and does not constitute legal, medical, or financial advice.*

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## What Is Step Therapy?

Many insurance plans require patients to "step through" a sequence of treatments before approving a preferred or specialty medication. For example, a plan may require trying two generic medications before approving a brand-name drug. If this history is not documented, the insurer may deny the request even if the steps were genuinely completed.

*Use one row per medication or therapy tried. If steps were completed years ago or with a different provider, include them — and note where records may be obtained.*

## Step Therapy History

Medication / Therapy Tried	Dose	Start Date	End Date	Duration	Reason Stopped / Outcome	Prescribing Provider	Records Available?

## Where to Obtain Missing Step Therapy Records

Source	Contact / Location	Records Requested?	Received?
Pharmacy medication history printout		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous provider / clinic		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient portal (prior system)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital or specialist records		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance claims history		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Ask your provider to document in your chart that step therapy requirements were met and that the prior treatments were inadequate, ineffective, or not tolerated. This language is what insurance reviewers are looking for.*

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