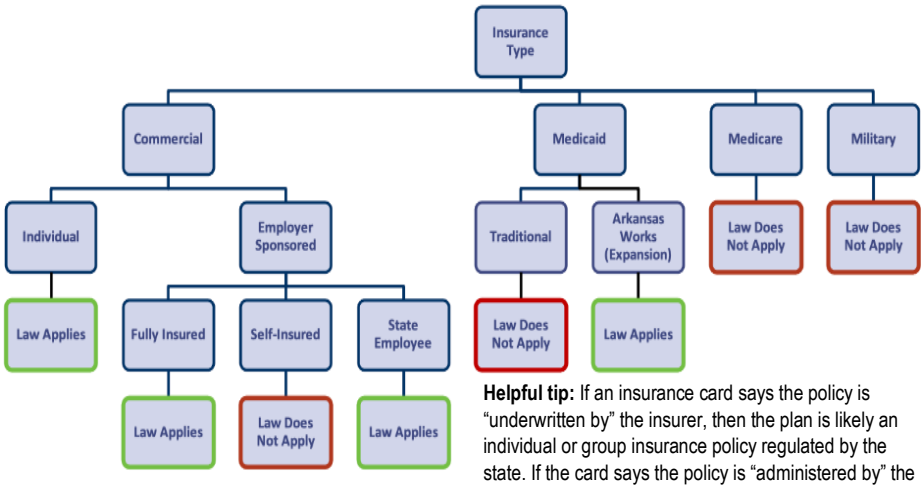
Arkansas - Step Therapy

(§23-79-2104)

Submitting an Exception Request

Under §23-79-2104*, practitioners must have access to a clear and convenient process to request override of a plan's step-therapy protocol, and the process must be easily accessible on the health coverage plan's website.

Because state law creates required exceptions criteria that may differ from a payer's standard medical necessity and appropriateness criteria, it is advisable to provide a citation for the specific criteria in the law you believe a patient meets, and information that supports that judgment with your exception request.



Helpful tip: If an insurance card says the policy is "underwritten by" the insurer, then the plan is likely an individual or group insurance policy regulated by the state. If the card says the policy is "administered by" the insurer or "administrative services only" (ASO), then the plan is likely a self-funded plan not subject to state insurance laws.

**Applies to plans issued or delivered on or after January 1, 2022*

Exceptions Criteria

Under §23-79-2104, certain health plans must grant an override to a step therapy protocol if any of the following conditions exist:

- The required prescription drug is contraindicated or will likely cause an adverse reaction or physical or mental harm to the patient;
- The required prescription 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 while under the current or a previous health plan and the drug was discontinued due to lack of efficacy, effectiveness, diminished effect of an adverse event;
- The required prescription drug is not in the best interest of the patient based on medical necessity;
- The patient is stable on a prescription drug other than the required drug.

Response Timeframe

A health plan must grant or deny a step therapy exception request within 24 hours of receipt for emergency claims, and within 72 hours non-urgent claims. If a health plan fails to issue a determination within the applicable timeframe the request is considered approved. If the health plan requires additional clinically relevant information, they must request it within 24 or 72 hours. Once the information is submitted the original timeline to grant or deny the request applies.

A health plan must grant or deny an appeal of a denial within 24 or 72 hours.

Further Appeals

Any denial of a request for a step therapy override exception is subject to further appeal, and the health plan must provide information regarding the procedure in their notice of denial.

Complaints

Contact the Department of Insurance at 800-852-5494 or visit www.insurance.arkansas.gov/.