

## Submitting an Exception Request

Because the 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 with your request for the specific criteria in the law you believe a patient meets, and information that supports that judgment.

## Exceptions Criteria

Under § 33-24-59.25 of the Official Code of Georgia Annotated exceptions to step therapy protocols must be granted if the provider's submitted justification and supporting clinical documentation establish that\*:

- The required prescription drug is contraindicated or will cause an adverse reaction or physical or mental harm to the patient;
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug;
- The patient previously discontinued taking the drug or another drug in the same pharmacologic class, or with the same mechanism of action, due to ineffectiveness, diminished effect, or an adverse event while under their current or immediately preceding health plan;
- The required drug is not in the patient's best interest because the drug is expected to:
  - Cause a significant barrier to adherence or compliance with a plan of care;
  - Worsen a comorbid condition;
  - Decrease reasonable functional ability in performing daily activities;
- The patient is currently receiving a positive therapeutic outcome on a prescription drug for the medical condition under consideration, and documentation supports that the changing to the required drug is expected to be ineffective or cause harm to the patient.

\*Drug samples are not considered trial and failure of a drug.

## Response Timeframe

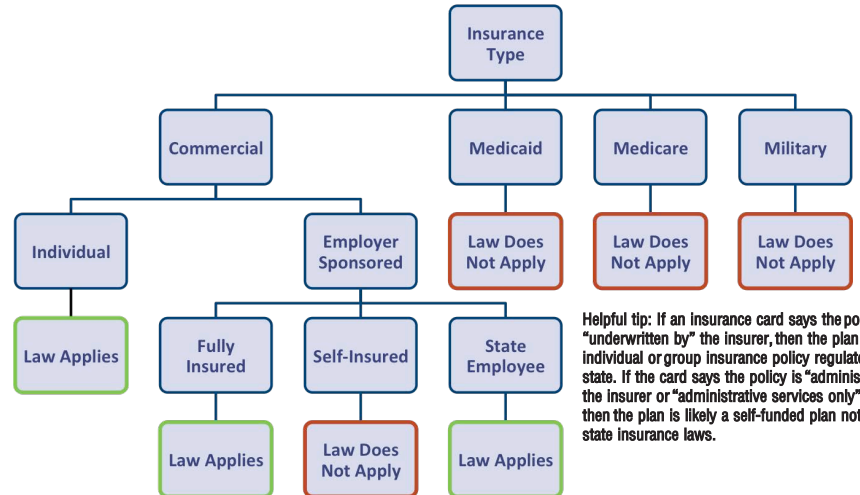
A health plan must grant or deny an exception request within 24 hours in urgent circumstances or within two business days in non-urgent situations. If the health benefit plan fails to respond in accordance with the established time frame, such step therapy exception or an appeal shall be deemed approved.

## Appealing a Denial

If an exception request is denied, that determination may be appealed. The payer's notice should include reason for denial and information about the payer's appeals process. A payer's appeals policy may also be found in the member or provider handbook, the payer's website, or by calling the customer service number found on the back of a member's insurance card.

## Complaints

Office of Insurance and Safety Fire Commissioner  
 Fax: 404-657-8542  
[oci.ga.gov/ConsumerService/complaintprocess.aspx](http://oci.ga.gov/ConsumerService/complaintprocess.aspx)



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.