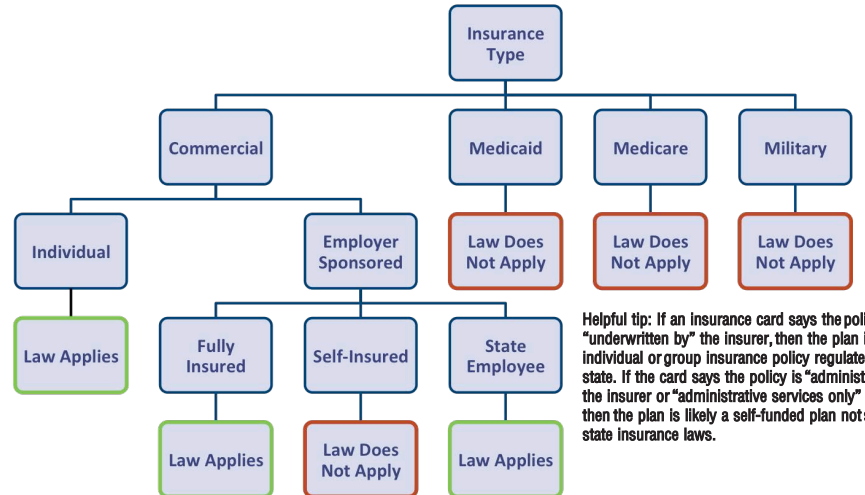


Submitting an Exception Request

Under RS 22:1053, 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.



Exceptions Criteria

Under RS 22:1053, certain health plans must grant an override to a step therapy protocol if any of the following conditions exist:

- The patient has tried the required prescription drug, or another prescription drug in the same pharmacologic class or with the same mechanism of action, while under their current or a previous health plan, and the drug was discontinued due to lack of efficacy, effectiveness, diminished effect, or an adverse event;
- The required drug is expected to be ineffective;
- The required drug is contraindicated or will likely cause an adverse reaction or physical or mental harm to the patient;
- The patient is currently receiving a positive therapeutic outcome on a different prescription drug for the medical condition under consideration, and received coverage for the drug on their current or immediately preceding health plan;
- The required prescription drug is not in the best interest of the patient based on medical necessity.

Response Timeframe

A health plan must issue a determination for 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.

Appealing a Denial

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

Department of Insurance
Phone: (225)342-5900
www.Ldi.la.gov/onlineservices/ConsumerComplaintForm