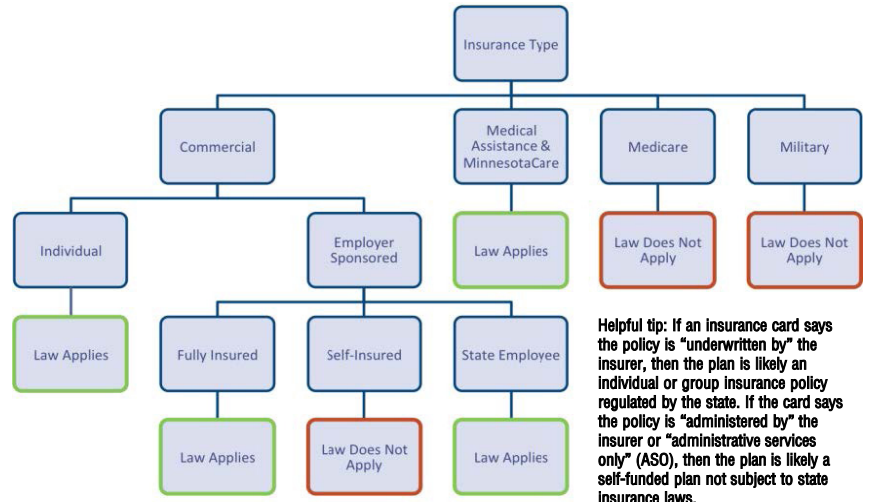


## Submitting an Exception Request

State law requires certain health plans to provide a process to request a step therapy exception. A plan's existing medical exceptions process may be used to satisfy this requirement. The process must be made accessible on the plan's website. 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

62Q.181 requires certain health plans grant an override to a step therapy protocol if at least one of the following conditions exists: The required drug is contraindicated;

- The required prescription drug is likely to:
  - Cause an adverse reaction;
  - Decrease ability to achieve or maintain reasonable functional ability in performing daily activities;
  - Cause physical or mental harm.
- The enrollee has had a trial or tried the required prescription drug, or another prescription drug in the same pharmacologic class or with the same mechanism of action, and was adherent for a period of time sufficient to allow a positive treatment outcome, and the prescription drug was discontinued due to lack of effectiveness, or an adverse event.
- The enrollee is currently receiving a positive therapeutic outcome on a prescription drug for the medical condition under consideration if, while on their current health plan or the immediately preceding health plan, and the change in prescription drug is expected to be ineffective or cause harm based on characteristics of the specific patient and the known characteristics of the required prescription drug.

## Exception Request Response Timeframes

A health plan must respond to a step therapy exception request within five days of receiving a complete request. In emergency cases a health plan must respond within 72 hours of receiving a complete request. If a health plan company does not send a response within the time allotted, the override request or appeal is considered granted.

## 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.