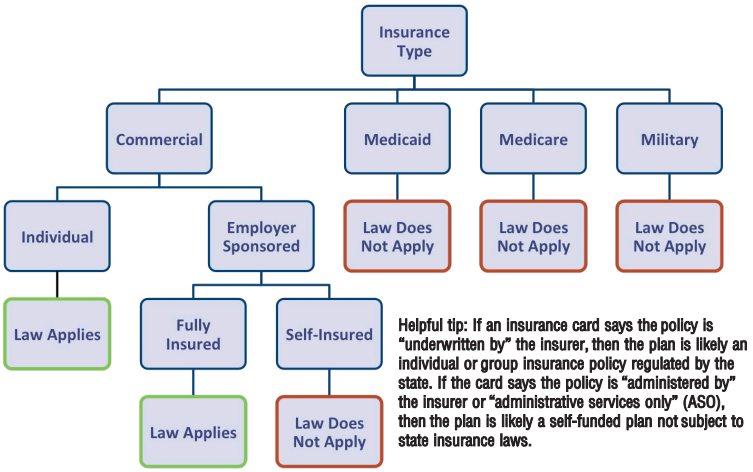
Missouri Step Therapy
(Title 24 §376.2034)

Submitting an Exception Request

State law requires certain health plans to provide a process to request a step therapy exception. The process must be made accessible on the plan's website, and any documentation requirements must be disclosed to healthcare providers. A plan may use its existing medical exceptions process to satisfy tis requirement. 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.



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.

The process for submitting a step therapy exception request may vary from payer to payer. To maximize your chances of receiving a favorable determination it is important to familiarize yourself with the specific payer's process and requirements. Exception requests that are insufficiently documented or do not follow the payer's procedure may be denied or result in additional time expenditure.

Establishing processes in your practice that identify and document information required for each payer's exceptions process will streamline this process for your practice. Regardless of the process be sure document the content, date, and time of your communications.

Here's what you should know before initiating an exception request:

- What forms & documentation of medical necessity are required
- How the payer expects to receive the information
- How the payer will communicate their determination
- Relevant timelines

Exceptions Criteria

Certain health plans must grant an override of a step therapy protocol if the following condition exists:

- The patient has previously tried the required drug, and the required drug was discontinued due to lack of efficacy, diminished effect, or an adverse event.*
  *A pharmacy drug sample cannot be used to satisfy this requirement.

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

Department of Insurance
Fax: 573-526-4898
insurance.mo.gov/consumers/complaints/index.php

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