

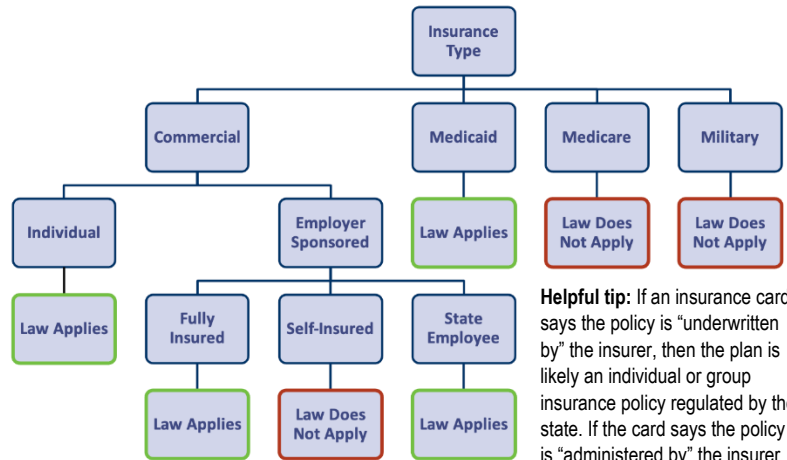
Submitting an Exceptions Request

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

§4903 of the New York Insurance code requires certain health plans to grant an override to a step therapy protocol if at least one of the following conditions is established to exist based on supporting rationale and documentation:

- The required prescription drug is contraindicated;
- The required prescription drug is likely to:
 - Cause an adverse reaction;
 - Cause physical or mental harm;
 - 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;
- 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 stable on a drug for the medical condition under consideration.



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.

Response Timeframe

A health plan must issue a determination within 72 hours of receipt or within 24 hours when exigent circumstances exist. If the plan fails to meet the relevant timeline the exception request is considered granted.

Further Appeals

Denial of an exception request is subject to appeal as an adverse determination under §4904 of New York's Insurance Code.

Complaints? Contact the New York Department of Financial Services: <https://www.dfs.ny.gov/complaint>.