Texas - Step Therapy

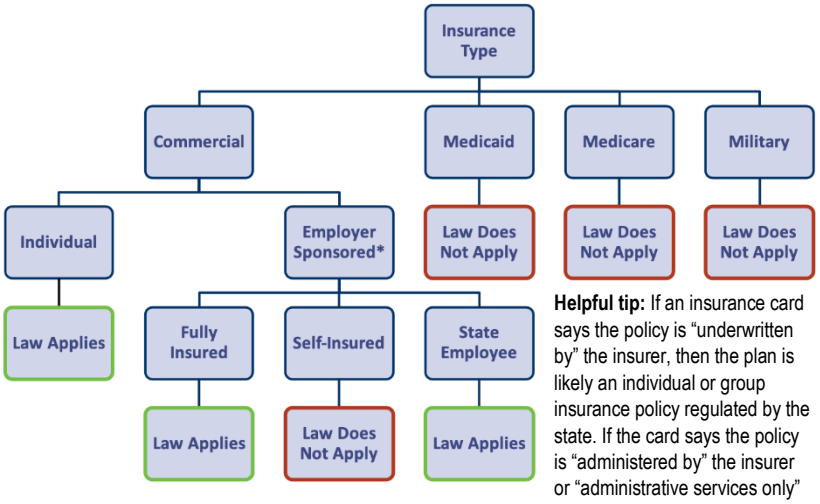
(Insurance Code, Title 8, Subtitle E, Chapter 1369.0546)

Submitting an Exception Request

Under Title 8, Subtitle E, Chapter 1369.0546 of the Texas Insurance Code, patients and prescribing providers can override step therapy protocols under certain circumstances. A prescribing provider must submit a written exception request using the standard form created by the Insurance Commissioner under Section 1369.304.

Patients and prescribing providers must have access to a clear, readily accessible, and convenient process to request a step therapy exception. The process must be accessible on the reviewing entity'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.



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.

Exceptions Criteria

Texas state law requires certain health plans to grant an override to a step therapy protocol if at least one of the following conditions exist:

- 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 they have received coverage for, and the required change is expected to be ineffective or cause harm.

Response Timeframes

A health plan must issue a denial within 72 hours, or within 24 hours in cases where exigent circumstances exist. If a denial is not issued, the request is considered granted.

Further Appeals

Any denial of a request for a step therapy exception is subject to further appeal. 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? Contact the Department of Insurance at 800-252-3439 or visit www.tdi.texas.gov/consumer/health-complaints.html

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