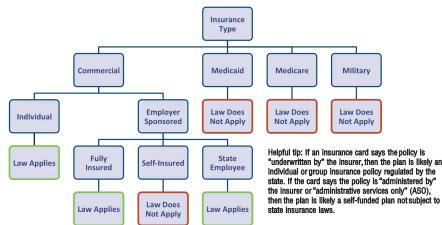


Virginia Step Therapy (§38.2-3407.9:05)

Submitting an Exception Request

State law requires certain carriers to provide a process to request a step therapy exception. 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

Virginia 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 would 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 due to ineffectiveness, diminished effect, or an adverse event;
- The patient is currently receiving a positive therapeutic outcome on a prescription drug while under their current or immediately preceding health plan.

Response Timeframe

Carriers or utilization review organizations must make a determination or request additional information for an exceptions request within 72 hours, or within 24 hours in cases where exigent circumstances exist.

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

State Corporation Commission Email: BureauofInsurance@scc.virginia.gov scc.virginia.gov/pages/File-Complaint-Consumers

Find out more: csro.info/map