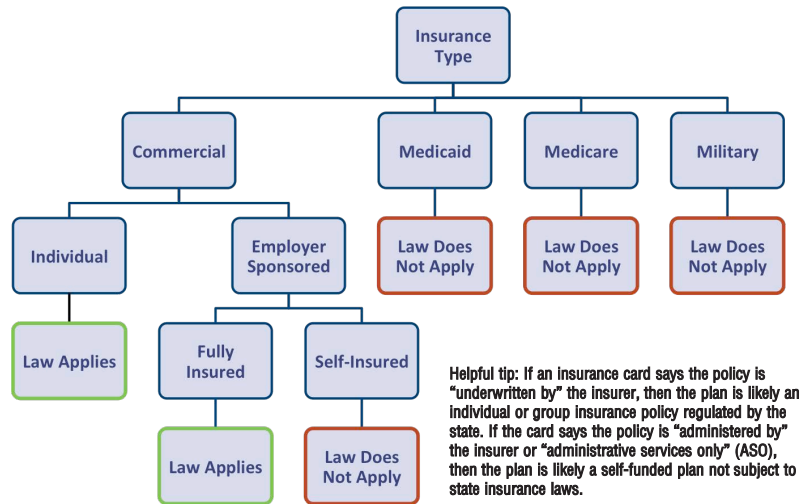


Submitting an Exception Request

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

Certain health plans must grant an override of a step therapy protocol if at least one of the following conditions is established to exist based on clinically relevant written documentation: The required drug is contraindicated;

- The required drug, based on a documented adverse event with a previous use or a documented medical condition, is likely to:
 - Cause a serious adverse reaction;
 - Decrease ability to achieve or maintain reasonable functional ability in performing daily activities;
 - Cause physical or psychiatric harm;
- The required drug is expected to be ineffective;
- The patient has tried the required drug or another drug in the same pharmacologic class or a drug with the same mechanism of action, and the drug was discontinued due to lack of efficacy, diminished effect, or an adverse event;
- The patient is stable on a drug for the medical condition under consideration.

Step Therapy Exception Request Response Timeframe

A plan must grant or deny a request within three business days, or by the end of the next business day when exigent circumstances exist. If a health plan does not respond within the allotted timeframe, the exception request 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.

Complaints

Office of the Commissioner on Insurance
Fax: 608-264-811
ocicomplaints@wisconsin.gov