Do You Need Help with a Request or Appeal for Coverage of a Prescription Drug?



Formulary: A list of prescription medications approved by the insurance company.

<u>Step Exception Request</u>: a process in which to obtain approval for a medication without going through step therapy. The prescribing physician must submit supporting clinical documentation to the insurance company that the requested prescription drug:

- Is contraindicated;
- Ineffective based on the known clinical guidelines of the patient and the known characteristics of the prescription drug regimen;
- The step therapy required prescription drug has been tried currently or previously proven ineffective, diminished effect or adverse decision;
- Receiving a positive therapeutic outcome on a prescription drug recommended by provider for the medical condition under consideration;
- Upon approving the exception, the insurance will authorize coverage provided that the prescription is covered by health plan.

Experimental and Investigational: a term used by insurance companies to indicate that a specific procedure, drug or treatment does not meet criteria recognized as generally acceptable medical practice and standard of care.

Drug Exception Request: a process in which a consumer or prescribing physician can obtain approval for medically necessary drugs not listed on the formulary.

- If the treating physician determines the formulary drug to be an inappropriate therapy for the medical condition;
- Changing to the drug presents a significant health risk;
- If approved, the insurance company must provide coverage for the duration of the prescription (including refills);
- No additional cost sharing to the member;
- Consumer has been receiving the drug for at least 6 months.

>>>> Frequently Asked Questions

My Question Is:

I've received a prescription denial from the insurance company because a pre-authorization is required. What should I do?

The insurance company is requiring me to go through step therapy before considering approving the requested medication. What are my options?

The insurance company determined that the drug is experimental/investigational. What do I do?

The insurance company denied coverage for a prescription drug because it is not on the formulary. What are my options?

The Answer is:

- Contact your provider's office about the requirement. The medical staff can access, complete and submit the form to the insurance company for review.
- You and your prescribing physician can request a step therapy exception.
- The request must include supporting clinical documentation.
- > A coverage determination shall be provided no later than 72 hours from receipt.
- Response received 24 hours from receipt of request (if an emergency exists).
- Review your Evidence of Coverage to determine the insurance company's criteria.
- Have your prescribing physician submit an appeal providing an explanation as why the drug should not be considered experimental/investigational.
- Either you or the prescribing physician can submit a drug exception request.
- > A coverage determination shall be provided no later than 72 hours following receipt.
- Expedited exception may be available.
- An external exception request may be available.



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