

## **MEDICATION STEP THERAPY PROTOCOL EXCEPTIONS**

**PLEASE NOTE:** the following process is relevant for Fully Insured members only; if you have questions regarding your status as a Fully Insured member, please contact SIHO Member Services to assist you in determining your specific status.

### **Requests**

In order to request an exception to the Medication Step Therapy Protocol, you must have your prescribing Physician fill out the SIHO Prior Authorization Request Form, including any necessary clinical documentation to support the approval of such an exception (“Form”), and submit the Form to SIHO Medical Management for review in accordance with the instructions listed on the Form. From our homepage ([www.siho.org](http://www.siho.org)), simply click on the Provider tab option at the top of the screen and then select Forms from the dropdown list.

### **Review**

In accordance with State law, in reviewing requests for exceptions to the Medication Step Therapy Protocol, SIHO will grant an exception if any one of the following apply:

- A Preceding Prescription Drug is contraindicated or will likely cause an adverse reaction or physical or mental harm to the insured;
- A Preceding Prescription Drug is expected to be ineffective, based on the known clinical characteristics of the Enrollee and the known characteristics of the Preceding Prescription Drug, as found in sound clinical evidence; or
- The Enrollee has previously received a Preceding Prescription Drug or another Prescription Drug that is in the same pharmacologic class or has the same mechanism of action as a Preceding Prescription Drug and the Prescription Drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
- Based on clinical appropriateness, a Preceding Prescription Drug is not in the best interest of the Enrollee because the Enrollee’s use of the Preceding Prescription Drug is expected to do any of the following:
  - cause a significant barrier to the Enrollee’s adherence to or compliance with his/her plan of care;
  - worsen a comorbid condition of the Enrollee; or
  - decrease the Enrollee’s ability to achieve or maintain reasonable functional ability in performing daily activities.

### **Notification**

If an Enrollee requests an exception to the Medication Step Therapy Protocol, SIHO will notify the claimant of its decision within three (3) business days of receipt of the non-urgent request or

appeal. In an Urgent Care situation, SIHO will notify the claimant of its decision within one (1) business day after receiving the request or appeal.