

Step Therapy Override

Effective 01/01/2019, PreferredOne has updated its step therapy protocol to coincide with the State of Minnesota Statute § [62Q.184](#), Step Therapy Override.

PreferredOne considers available recognized evidence-based and peer-reviewed clinical practice guidelines when establishing its step therapy protocol.

Upon written request of an enrollee, PreferredOne shall provide any [clinical review criteria](#) applicable to a specific prescription drug covered by the health plan.

When coverage of a prescription drug for the treatment of a medical condition is restricted for use by PreferredOne through the use of a step therapy protocol, enrollees and prescribing health care providers may [request](#) a step therapy override.

PreferredOne shall grant an override to the step therapy protocol if at least one of the following conditions exist:

(1) the prescription drug required under the step therapy protocol is contraindicated pursuant to the pharmaceutical manufacturer's prescribing information for the drug or, due to a documented adverse event with a previous use or a documented medical condition, including a comorbid condition, is likely to do any of the following:

(i) cause an adverse reaction to the enrollee;

(ii) decrease the ability of the enrollee to achieve or maintain reasonable functional ability in performing daily activities; or

(iii) cause physical or mental harm to the enrollee;

(2) the enrollee has had a trial of the required prescription drug covered by their current or previous health plan, or another prescription drug in the same pharmacologic class or with the same mechanism of action, and was adherent during such trial for a period of time sufficient to allow for a positive treatment outcome, and the prescription drug was discontinued by the enrollee's health care provider due to lack of effectiveness, or an adverse event. This clause does not prohibit PreferredOne from requiring an enrollee to try another drug in the same pharmacologic class or with the same mechanism of action if that therapy sequence is supported by the evidence-based and peer-reviewed clinical practice guideline, Food and Drug Administration label, or pharmaceutical manufacturer's prescribing information; or

(3) the enrollee is currently receiving a positive therapeutic outcome on a prescription drug for the medical condition under consideration if, while on their current health plan or the immediately preceding health plan, the enrollee received coverage for the prescription drug and the enrollee's prescribing health care provider gives documentation to the health plan company that the change in prescription drug required by the step therapy protocol is expected to be ineffective or cause harm to the enrollee based on the known characteristics of the specific enrollee and the known characteristics of the required prescription drug.

Upon granting a step therapy override, PreferredOne will authorize coverage for the prescription drug if the prescription drug is a covered prescription drug under the enrollee's health plan.

The enrollee, or the prescribing health care provider if designated by the enrollee, may appeal the denial of a step therapy override by PreferredOne using the complaint procedure outlined in the enrollee's health plan. A denial of a request for a step therapy override that is upheld on appeal is eligible for a request for external review using the procedure outlined in the enrollee's health plan.

PreferredOne shall respond to a step therapy override request or an appeal within five days of receipt of a complete request. In cases where exigent circumstances exist, PreferredOne shall respond within 72 hours of receipt of a complete request. If PreferredOne does not send a response to the enrollee (or prescribing health care provider if designated by the enrollee) within the time allotted, the override request or appeal is granted and binding on the health plan .