

Step Therapy Law in West Virginia



Find Out What the Law Says

From this video, you will learn the provisions of the step therapy law in WV that was fully implemented June 2017 and how to file an internal and external appeal and/or a complaint if you feel the law has been violated.



Defining Step Therapy

It is a protocol or program that **establishes the specific sequence** in which prescription drugs for a specific medical condition, and medically appropriate for the patient, are covered by a health plan insurer.



*Thanks to Delegate John Kelly
for sponsoring HB 2300, the
step therapy bill.*



What Are Your Rights?

Now that there is a new **Step Therapy** law, what are your rights? What's changed?

- The law requires health benefit plans to have a **clear** and **convenient process**
- by which a patient or prescribing healthcare provider **may request** and (if appropriate) **receive an exemption** to a step therapy protocol.
- The process must be **easily accessible** on the **health plan insurer's website.**



A request for an exemption to step therapy protocol must be promptly approved by the health plan insurer if:

- #1 Drug must be contraindicated
- #2 Drug is expected to be ineffective
- #3 Patient has previously tried and drug and it was discontinued
- #4 Drug is not in the best interest of the patient
- #5 Patient is already stable on prescribed medication



What else does the law provide for?

- The health plan issuer is required to provide a prescription drug for treatment of the medical condition at least until the step therapy determination is made.
- Upon approval of a step therapy exception, the health plan issuer must authorize coverage for prescription drug prescribed by the patient's treating healthcare provider, as long as such prescription drug is a covered drug under the policy or contract.



Who Is Covered?

- Generally, a person with a health benefit plan that includes prescription drug benefits and utilizes step therapy protocols benefits from this law.
- To learn if you are covered, contact your insurer and provider your policy number



What if your prescription is denied?

- If your medication is denied because of step therapy, your insurance won't cover the prescription.
- At this point, you may want to talk to your pharmacist and healthcare provider about alternatives that would be covered.
- You can also decide to pay out of pocket, and compare discount cards, cash prices, and assistance programs to determine what works best for you.



Beginning the appeals process

- Ask your pharmacist what they heard from your insurance company and write it down
- Call your doctor and report the problem. See if they can suggest next steps to get your medication
- Call your insurance company and find out how to appeal the decision. Your physician often needs to intervene and write a letter.
- Share copies of any insurance letters/information you receive with your doctor. Make sure you stay on the same page.



Working with your insurance company

- Check with your human resources office to learn the specific rules to your plan.
- Check to see what measures your physician has already taken with the insurance company.
- If nothing has worked, you may need to appeal the insurance company's decision.
- Call your insurance company to find out why your medication did not receive approval. The number to call should be on your insurance card.
- Find out if your appeal needs to be online or there is another process from you insurer.



Working with your Insurance Company

- Keep notes of all conversations: who you speak with, dates and times of calls, case reference numbers. Having good records helps move future calls forward.
- Stay in touch with your doctor through the process and share information.
- Your insurance company must provide the reason for your denial in writing. Ask about it if you have not received anything.
- If submitting an appeal yourself, include all relevant documents that may help your case: letters of support from physician, test results, your personal narrative

What do you do if you insurance company is not compliant ?



How to File an Insurance Complaint

Contact the WV Office of the Insurance Commissioner:

- consumer.service@wvinsurance.gov
- 1-888-TRY-WVIC



Guide to the External Review Process

Consumers/Health Insurance/External Review

Go to: **WVinsurance.gov**
1-888-879-9842

**Before you can request an External Review you must have completed the internal review process provided by your insurance company and received a final decision.*

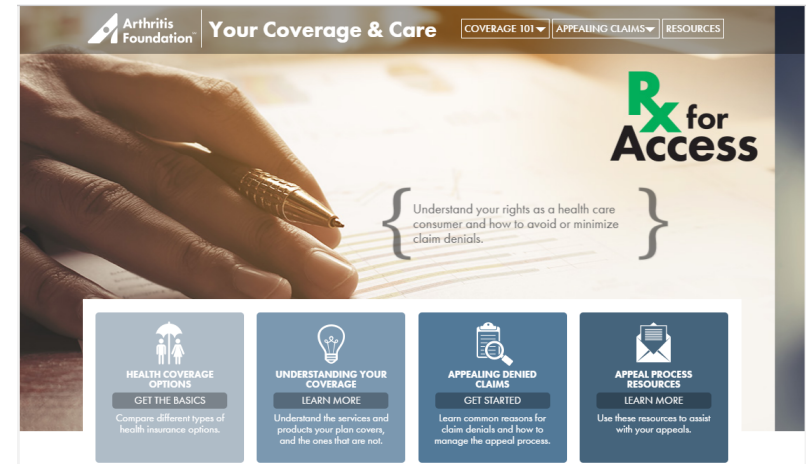


For More Information

Visit: [arthritis.org/advocate](https://www.arthritis.org/advocate)

Navigate to [Advocate Tools & Resources > Your Health & New State Laws](#)

Visit: Prescription for Access



Contact the Arthritis Foundation Helpline:

1-844-571-HELP

