Step Therapy Reform

CROHN'S & COLITIS FOUNDATION

Illinois

Step therapy is a protocol used by health insurance companies that requires patients to try and fail on one or more lower cost medications before they will provide coverage for the medication originally prescribed by the patient's provider.

Illinois has passed step therapy reform into law, granting important patient protections to you and your patients during the appeal process.

It is important that you communicate this process with your patient to ensure that they receive timely access to their treatments.

If you and your patient have gone through the appeals process and the patient still has not received coverage for a treatment option, file an appeal with the state at this link: *insurance.illinois.gov/Complaints/UnderstandComplaintProcess.html*

Specifically, in Illinois the law ensures the following protections:

- A transparent and easily accessible appeals process
- Requests for exceptions or appeals must be responded to within: 24 hours in emergencies and 72 hours in non-emergencies
- **Establishes the following exceptions to step therapy protocols, if it can be demonstrated that:**
  - ✓ The required insurer-preferred drug is contraindicated or will likely cause harm
  - ✓ The patient has previously tried and failed on the required insurer-preferred drug
  - ✓ The patient is currently already stable on a prescription drug on the formulary

Contact our Help Center for more information: *info@crohnscolitisfoundation.org* *888-MY-GUT-PAIN (888-694-8872, ext 8)*

Discuss treatment options with patient and mutually decide on a treatment option.

- Make sure your patients understand the insurance approval process.

Submit for initial prior authorization.

If initial prior authorization is denied due to a step therapy protocol, apply for exception through insurer's appeals process.

- Submit necessary documentation that pertains to the relevant exception that you and your patient are seeking.
- This law pertains only to state-regulated health plans; however, if you are unsure of your patient's plan, we recommend that you continue through with this process.
- Per state law, if the health benefit plan fails to respond within the established time frame (24 hours in emergencies/ 72 hours in non-emergencies), and your patient is on an eligible health plan, such step therapy exception or appeal is legally deemed approved.

Denial letter received?

- If more information was requested, reapply with the necessary documentation that supports your exception request.
- If the denial was due to the patient not being on an eligible plan (ineligible plans include: federally regulated plan such as Medicare/Self-insured/ Large Employer sponsored plans), contact the Help Center and visit our page on Managing the Costs of IBD at *www.crohnscolitisfoundation.org/managing-the-cost-of-ibd*
- If the insurer claims that the exception does not meet the criteria, file a complaint at *insurance.illinois.gov/Complaints/UnderstandComplaintProcess.html*

Additionally, the Crohn's & Colitis Foundation is interested in hearing from you on the new step therapy reform law—is this process working for you? Please share your thoughts with ***advocacy@crohnscolitisfoundation.org***

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