



Policy: University of Utah Health Plans Retail Pharmacy Formulary Exceptions

Principles:

Health Plans is committed to providing access to the most effective and safest medications to members through formulary management. In the event a non-formulary medication may be requested, Health Plans provides a process for members, or providers on behalf of members, to request a formulary exception.

Purpose:

To define what an exception request is and how to submit an exception request.

Definitions:

1. Exception Request: a process used by Health Plans to enable a member or provider to request an exception to the formulary.
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Scope:

Lines of Business

- A. University of Utah Health Insurance Plans
 1. Commercial
 - B. University of Utah Health Plans
 1. Healthy U
 2. Healthy U Integrated
 3. Healthy U CHIP
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Description:

- A. Formulary Exceptions

1. Non-formulary medications are not a covered benefit for Commercial Plans. Formulary exception requests are considered benefit exception requests.
2. Requests for non-formulary medications must be processed through the formulary exception process.
3. Exception requests for non-formulary medications must have the following:
 - i. Evidence provided to show the member has failed or has a contraindication to all FDA-indicated formulary and/or guideline recommended options,
 - ii. That the requested therapy has clinically significant superior efficacy for the member condition compared to formulary options, (as evidenced by randomized, controlled, clinical trials and applicable clinical guidelines),
 - iii. Or that the requested therapy meets medical necessity.
4. Members, their representatives or prescribing practitioners may request an exception to the formulary by submitting a Formulary Exception Request Form. Forms may be accessed on the University of Utah Health Plans Coverage Policies website located on the U of U Health Plans website under pharmacy and faxed to the appropriate number located on the form.
5. Requests for a formulary exception, not submitted on the Formulary Exception Request Form will be dismissed.
6. The Formulary Exception Form must include all, but not limited to, the following information:
 - i. Patient demographics, including plan name, and plan ID number.
 - ii. Reason for request (why formulary alternatives will not be used)
 - iii. Medication name, dose, route, duration of therapy, and start date, if applicable.
 - iv. Indication for treatment, including appropriate ICD-10 codes.
 - v. Past medications tried and failed, and reason therapy failed
 - vi. Medical contraindications to formulary first line or alternative therapies. Please note preference to use “brand” medications over “generic” medications is not considered a medical contraindication to first line therapies.
 - vii. Supporting clinical documentation includes, but is not limited to, all pertinent clinic notes and medical history, diagnostic imaging and laboratory results, indication for therapy, and alternative therapies trialed. **Missing or incomplete information will result in a denial for the requested therapy or may result in a delay of the medical review and approval process.**
 - viii. Prescriber name, signature, DEA/NPI, office phone, office fax, office contact name, and office address.
 - ix. A Letter of Medical Necessity is recommended for all exception requests to support the request.

7. For Commercial Plans:
 - i. If a formulary exception request is denied, member or their authorized representatives may first request an internal Health Plan appeal of that decision orally (in person, telephone) or in written format (fax, mail, email). See applicable Appeals policy for how to file an appeal.
 8. For Healthy U (HU) Medicaid:
 - i. If a formulary exception request is denied, member or their authorized representatives may first request an internal Health Plan appeal of that decision orally (in person, telephone) or in written format (fax, mail, email). See applicable Appeals policy for how to file an appeal.
- B. Determinations
1. An appropriate practitioner or pharmacist will review formulary exception requests, including those based on medical necessity.
 2. If a formulary exception request based on medical necessity is denied, notification of the decision will include the reason for the denial and an explanation of the appeals process. Internal and external appeals processes are available for denials of formulary benefit exceptions on the same basis as denials for other services.
 3. Formulary exception determinations will be communicated to the physician or healthcare provider in writing. This communication will be sent to the member by mail and the physician or healthcare provider via fax, or by mail if no fax number is provided or is not working.
 4. Determinations for formulary exceptions will be completed within prior authorization timeframes. See Retail Pharmacy Utilization Management Timeliness policy for timeframes.
- C. Additional Information
1. Services provided that require an exception request and an exception request was not obtained or was denied will result in a denial for payment of claims.
 2. An approval for a formulary exception request is NOT a guarantee of payment of services as other conditions may apply.
 3. Exception requests that are approved will be effective from the date of approval and specified approval time period. Approvals for formulary exception requests will not be back dated.

References:

NCQA UM Standards- UM 11: Pharmaceutical Management, Element E: Considering Exceptions

Policy: Health Plans Medicaid – Appeals

Policy: Health Plans Commercial and Marketplace – Appeals

Policy: Retail Pharmacy Utilization Management Timeliness

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