

POLICY AND PROCEDURE

DEPARTMENT: Ambetter Health Plans	DOCUMENT NAME: Pharmacy- Exception Requests
PAGE: 1 of 3	REPLACES DOCUMENT: N/A
APPROVED DATE:	RETIRED: N/A
EFFECTIVE DATE: 01/14	REVIEWED/REVISED: 08/14, 02/15, 02/16, 08/16, 08/17
PRODUCT TYPE: Health Insurance Marketplace (Ambetter)	REFERENCE NUMBER: HIM.PHAR.15

SCOPE:

Involve Pharmacy Solutions and Health Insurance Marketplace (Ambetter) Plans

PURPOSE:

To define the proper steps to be followed for making timely Exception Request Determinations in accordance with CMS rules/regulations, the Affordable Care Act (ACA), federal and state regulations, and state laws.

POLICY:

The Exception Requests process allows an enrollee to request and gain access to clinically appropriate drugs not covered by the health plan formulary as required by 45 CFR § 156.122, but otherwise not excluded, and ensures the review is performed in accordance with applicable federal and state regulations as well as follows CMS guidance.

PROCEDURE:

The following steps outline the Exception Request process followed by Involve Pharmacy Solutions and Health Insurance Marketplace Plans.

Exception Process for Requests:

1. Involve Pharmacy Solutions or Member Services accepts exception requests made by telephone to the Involve Pharmacy Solutions or Member Services call center by the enrollee, the enrollee's authorized representative, the prescribing physician, or another prescriber calling on behalf of the enrollee. If Member Services receives the call from the enrollee or enrollee's authorized representative, they should verify the enrollee is still eligible and then contact the Involve Pharmacy Solutions PA team. The caller must indicate they are making an exception request.
2. If the enrollee or their representative has made the exception request, the appropriate representative from Involve Pharmacy Solutions will outreach to the prescriber for additional information in order to make a determination. If the prescriber has made the exception request, additional information will be solicited and reviewed along with the initial information in order to make a determination. The following criteria should be used when performing the review:

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- A. All of the covered drugs on any tier of the plan's covered drug list for treatment for the same condition would not be as effective for the enrollee as the requested drug, and/or would have adverse effects for the enrollee
3. Verbal notification of the determination for the exception request will be provided no later than 72 hours after the request is received or within 24 hours for urgent requests or when the enrollee is suffering from a serious health condition. A written response will be provided within 48 hours of the verbal notification. In the case the exception request is denied, the enrollee would be notified of their option to request an appeal or an immediate independent review.
 4. Medications provided under this exception policy will be covered for the duration of the medical exigency or 1 year, whichever is less. Additional extensions of the prior authorization provided will be subject to provider request and additional review.
 5. All cost sharing for medications provided under this policy will count towards the annual limitation on cost-sharing.

REFERENCES:

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| <ul style="list-style-type: none"> • CMS 45 C.F.R. § 156.122(c) • Policies HIM.PHAR.08, CC.PHAR.08, EPS.PHARM.26 |
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ATTACHMENTS: N/A

DEFINITIONS: N/A

REVIEW/REVISION LOG

REVISION	DATE
No Changes.	5/14
Clarified items #2 and #3 to indicate denials for safety reasons and coverage exclusions are not eligible for granting an exception request.	08/14

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Removed items #2, #3, #4 and #7 as there is no requirement to provide temporary override for non-formulary medications.	02/15
Changed reference from Corporate Pharmacy to US Script Utilization Management Pharmacy Department. Fixed minor grammatical issues. Clarified that 24 hour timeframe applies to urgent requests in section 3.	02/16
Added sections #4, and #5 due to compliance request.	08/16
Changed reference from US Script to Envolve Pharmacy Solutions	08/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:	Approval on file
EPS Director, Marketplace:	Approval on file
Sr. V.P., Chief Medical Officer:	Approval on file

NOTE: The electronic approval is retained in Compliance 360.