

Policy Name:	WA Medical Exception Process	Policy #:	2626P
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Purpose of the Policy

To establish and maintain a medical exceptions process that allows covered persons or their authorized representatives to request any clinically appropriate prescription drug.

Statement of the Policy

Health Alliance Northwest will review medical exception requests using the following criteria.

Procedures

1. Exception Requests

- 1.1 The Exception Request process applies to requesting coverage for:
 - Drugs that are not on your formulary or drugs that are not at a preferred tier on your formulary
 - Drugs that are being removed from the formulary for reasons other than safety or removal from the market
 - Drugs that require step therapy (require the use of an approved drug before use of the requested drug)
 - A dose or quantity of a drug which is greater than your health plan usually allows
- 1.2 If your provider orders a medication which falls into one of these categories, you or your provider can ask for an exception to the requirements. Your provider may start the process by phone, fax, or online. You or someone representing you may also start the process by calling the customer service phone number on the back of your ID card.
- 1.3 Coverage of non-formulary or non-preferred drugs through the exception process is provided on an individual basis. Your provider will need to send in medical records showing one of the following:
 - The drug required by the plan would not be safe for you because of your age, an allergy, health condition, or medication you are taking. This is known as a contraindication, OR
 - The required drug would most likely not be effective for you. This could be due to a health condition or medication you are taking, OR
 - You have already tried the required drug, or another drug that works in the same way. That drug was not effective or caused a reaction or side effects, OR
 - You are already taking a drug that is working well for you, and
 - Switching to the required drug would make it difficult for you to maintain your medical regimen or daily activities.
 - Switching to the required drug could cause a drug interaction or cause a health condition to worsen.

2. Additional Quantities

- 2.1 In some cases, we will cover a dose or quantity of medication that is more than what is normally allowed by your plan. Your provider will need to send medical records showing one of the following:
 - You need additional medication to complete your course of therapy, OR
 - The dosage you need cannot be reached by using a higher strength dose of the medication, OR
 - You have already tried taking the medication at the dose allowed by the plan and it was not effective or you had side effects, OR
 - Changing to the dose or quantity of drug allowed by the plan would make the drug less effective or make it difficult for you to maintain your medical regimen.

3. You may still be required to use the generic medication before the brand name is approved.

4. We may cover a short-term supply of your medication if your provider determines an emergency fill is necessary to keep you stable while the exception request is being processed.

5. Timeframes

- 5.1 An exception request is considered urgent when a patient is experiencing a health condition that could seriously jeopardize their life, health, or ability to regain function.
- 5.2 A pharmacist will review urgent exception requests within 24 hours of receiving all needed information. If we do not receive all of the information we need to make a decision with the first request, we will ask the provider for the information we need. If we do not respond to your provider within 24 hours of receiving all the information we need, the urgent exception request will be considered granted.
- 5.3 A pharmacist will review non-urgent exception requests within 72 hours of receiving all needed information. If we do not receive all of the information we need to make a decision with the first request, we will ask the provider for the information we need. If we do not respond to your provider within 72 hours of receiving all the information we need, the non-urgent exception request will be considered granted.

6. Approvals/Denials

- 6.1 If your request for an exception is approved, your provider will receive an electronic notification which tells them the specific clinical reasons for the denial.
- 6.2 Medications covered through the exceptions process will be covered at a non-preferred tier. This means your Tier 4 copay for non-specialty medications and Tier 6 for medications which qualify as Specialty.
 - Medications approved through the exception process are not eligible for tier-lowering requests.
- 6.3 If your request for an exception is denied, we will notify your provider by phone, fax, or secure electronic transmission. We will notify you of the denial in a letter. The letter will contain the specific clinical reasons for the denial.

References

1. Prescription Drug Exception Policy and Procedure Title 45 CFR 156.122, Title 45 CFR 147.200(a)(2)(i)(K)
2. Washington Administrative Code §284-43-2020
3. Engrossed Substitute House Bill 1879, Chapter 171, Laws of 2019, 66th Legislature, 2019 Regular Session, Prescription Drug Utilization Management, Effective Date: July 28, 2019.
4. Rule Making Order CR-103P (October 2017) (Implements RCW 34.05.320). Office of the Code Reviser, State of Washington. Filed December 01, 2020. WSR 20-24-105.

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.