	POLICY/PROCEDURE	POLICY NO.:	11.21
	Pharmacy Exception Requests	SECTION:	Pharmacy
		EFFECTIVE DATE:	2/13
		DATE TO QIC:	12/3/15
	DATE TO BOARD:	12/16/15	

1.0 PURPOSE

The purpose of HAP MHP’s Pharmacy Exception Request is to provide prescribers a process for requesting exceptions to the HAP MHP Formulary.

2.0 POLICY

Exceptions will only be considered in cases where medical necessity is the basis for the exception request.

HAP MHP will determine medical necessity based on a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research organizations, views of physicians practicing in relevant clinical areas, and other relevant factors).

HAP MHP expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. The conclusion that a particular service, medication, or supply is medically necessary does not constitute a representation or warranty that this service, medication, or supply is covered (that is, paid for by HAP MHP) for a particular member. In addition, coverage may be mandated by applicable legal requirements of a state, federal government, or CMS for Medicare and Medicaid members. CMS’s Coverage Database can be found on the following website: <http://www.cms.hhs.gov/center/coverage.asp>

Nothing in this section shall preclude the prescribing health care professional from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

3.0 DEFINITIONS


TERM	DEFINITION
HAP MHP	HAP Midwest Health Plan
CMS	Centers for Medicaid and Medicare Services
PBM	Pharmacy Benefits Manager

4.0 ACCOUNTABLE

Medical Director, Director of Pharmacy, Director of Health Services


5.0 PROCEDURE

1. Practitioners who choose to prescribe a non-formulary drug must complete the Formulary Exception Request Form and submit it to the MHP Pharmacy directly (Attached).
2. Prior Authorization requests are evaluated by PBM staff or designee against HAP MHP Criteria and the requesting practitioner is informed when the request does not meet established Prior Authorization Criteria. If the request does not meet Prior Authorization

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criteria, the PBM pharmacist or designee notifies the prescribing practitioner. The prescribing practitioner, in consultation with the PBM pharmacist or designee, or HAP MHP Pharmacy staff, may decide on an alternative medication or provide additional support for the original request.

3. Notification of approval or denial occurs within 14 calendar days of the exception request being received by HAP MHP or the PBM for a “non-urgent” request, and with 24 hours (or 72 hours when additional clinical information is requested) for requests marked “Urgent.” When a request is denied, a denial letter with the reason for denial is sent to the practitioner and the enrollee, informing them of the denial and their right to appeal the decision. The practitioner is also notified that he/she has the option of discussing the decision further with a PBM pharmacist or designee, the HAP MHP Director of Pharmacy, or the MHP Medical Director.
4. When a practitioner prescribes a drug that is not on the Medicaid (MHP) Formulary, the dispensing pharmacist, PBM pharmacist or designee, or the enrollee notifies the practitioner that the drug is not on the Formulary. If the practitioner still elects to prescribe the drug, they complete the Prior Authorization Form and submits it to the PBM. The PBM pharmacist or designee may FAX the form back to the prescribing practitioner requesting additional clinical information, what medications have been previously tried, or make recommendations for alternatives. If the prescribing practitioner believes that the non-Formulary drug is medically necessary, the PBM pharmacist or designee will forward the Prior Authorization request to MHP for medical necessity review by the MHP Director of Pharmacy or MHP Medical Director. The Exception request is reviewed against the following criteria:
 - a. A Formulary drug has been tried in an adequate therapeutic trial without a positive therapeutic response.
 - b. The member has, or develops, contraindications to, or an intolerance of, Formulary alternatives.
 - c. No Formulary alternative exists to treat the member’s condition.
5. MHP notifies the practitioner and the PBM pharmacist or designee when the exception request is approved or denied. This notification occurs within 14 calendar days of the exception request being received by MHP. When the request is denied, the enrollee and practitioner are notified of the reason for the denial and their appeal rights. The practitioner is also notified of their option of discussing the decision further with the MHP Director of Pharmacy or the MHP Medical Director.
6. If the prescribing practitioner or enrollee chooses to appeal the decision, the appeal is reviewed by the MHP Medical Director (if the denial was made by the Director of Pharmacy) or a MHP designated physician reviewer. This reviewer is a practitioner who did not

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participate in the original decision, is of the same or similar specialty, and one to typically treats the medical condition. HAP MHP may elect to enlist the services of an IRO (Independent Review Organization) to review the request and make a recommendation. The enrollee and practitioner are notified of the approval or denial within 30 calendar days. When the appeal is denied, the enrollee is notified of further appeal rights.

6.0 REFERENCES

Medicaid Provider Manual. CMS Prescription Drug Coverage and Regulations.

7.0 DOCUMENT HISTORY

DATE	DESCRIPTION OF CHANGE	ACCOUNTABLE
12/15/2015	Reviewed and Approved by P&T Committee	
11/18/2014	Reviewed and Approved by P&T Committee	
11/12/2013	Approved by P&T Committee	
1/2013	Original Document	BJP