

Policy: Mojave Crest Assurance Company Pharmacy Formulary Exceptions

Principles

MCA is committed to providing access to the most effective and safest medications to members through formulary management. When a non-formulary medication is requested, MCA provides a process for members or providers to request a formulary exception.

Purpose

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

Definitions

Exception Request:

A process used by MCA to enable a member or provider to request an exception to the formulary.

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 must include one of the following:
 - Evidence that the member has failed or has a contraindication to all FDA-indicated formulary and/or guideline-recommended options;
 - Evidence that the requested therapy has clinically significant superior efficacy compared to formulary options (supported by randomized controlled trials and clinical guidelines);
 - Or that the requested therapy meets medical necessity criteria.
4. Members, their representatives, or prescribing practitioners may request an exception by submitting a **Formulary Exception Request**.

5. The Formulary Exception Request must include, at minimum:

- Patient demographics (including plan name and ID number)
- Reason for request (why formulary alternatives are not appropriate)
- Medication details (name, dose, route, duration, start date if applicable)
- Indication for treatment (including ICD-10 codes)
- History of medications tried and failed, including reasons
- Medical contraindications to formulary therapies
 - *Note: Preference for brand over generic is not considered a contraindication*
- Supporting clinical documentation (e.g., clinic notes, medical history, imaging, labs, prior therapies)
- Prescriber information (name, signature, DEA/NPI, contact details)
- A **Letter of Medical Necessity** (recommended)

6. *Incomplete submissions may result in denial or delay.*

7. **Appeals Process**

- **Commercial Plans:** Members or authorized representatives may request an internal appeal (oral or written) if denied.
- **Medicaid:** Same appeal rights apply.

B. Determinations

1. Formulary exception requests are reviewed by an appropriate practitioner or pharmacist.
2. If denied, notification will include:
 - Reason for denial
 - Explanation of the appeals process
3. Determinations are communicated:
 - To providers (via fax or mail)
 - To members (via mail)
4. Decisions are completed within standard prior authorization timeframes.

C. Additional Information

1. Services requiring an exception that was not obtained or was denied will not be paid.
2. Approval of an exception does **not** guarantee payment; other conditions may apply.
3. Approved exceptions:
 - Are effective from the date of approval
 - Apply only for the specified duration
 - Are **not backdated**

References

- NCQA UM Standards – UM 11: Pharmaceutical Management, Element E
- MCA Medicaid – Appeals Policy
- MCA Commercial and Marketplace – Appeals Policy
- Retail Pharmacy Utilization Management Timeliness Policy

Approval Information

- **Approval Body:** Mojave Crest Assurance Company Policy Committee
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