

# Simplifying the Formulary Exception Process

## How to seek access for your patients to treatments that are not on formulary



Health plans and pharmacy benefit managers develop drug policies, coverage determination, and utilization review guidelines to assist in administering health benefits. These policies and guidelines do not constitute medical advice. It is important to note that healthcare providers are solely responsible for determining appropriate patient care.<sup>1,2</sup> These policies and guidelines determine the circumstances under which the prescribed therapy will be covered by the patients insurer.



When a coverage determination occurs, a product initially not covered may gain coverage through a medical exception request.<sup>2</sup> Coverage may be granted through a medical exception request when the healthcare provider submits documentation supporting the medical necessity for the prescribed therapy. Providing appropriate diagnostic or clinical information on the medical exception form is essential to guide the evaluation process and minimize the potential for an unfavorable determination.

The provided guidance can assist you and your patients with navigating the formulary exception request process.

### Submitting a formulary exception request to the appropriate pharmacy benefit manager or health plan\*

#### 1. Review the specific submission requirements

Make sure that all the required information is included and accurate

—Submission requirements vary by health plan and can often be found on the health plan's website or by calling the health plan directly

#### 2. Gather and verify required documentation

Required information may include treatment-related rationale and clinical information, patient case history, previous therapies, and letter of medical necessity

#### 3. Prepare and submit

Request forms can be submitted according to the plans requirements, usually via the plan's website, fax, or mail

### You and your patients can likely file an appeal if the exception request outcome is unfavorable.



Additional documentation may be required to support your appeal, such as patient clinical information and the product's clinical trial relevance. Ensure the appeal is filed within the time frame set by the health plan.

*By advocating for your patients via medical exception, you give your patient the best opportunity to access a necessary treatment option.*

\*Patients can submit a formulary exception request and/or a formulary exception denial appeal or the patient's family, physician, pharmacist, or employer's human resources benefits representative can file requests and appeals on their behalf.

Please be aware that appeal requirements may vary according to health plan.

**References:** 1. AARP Medicare plans from UnitedHealthcare. Commercial medical & drug policies and coverage determination guidelines terms and conditions. Accessed February 27, 2023. <https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html>  
2. UnitedHealthcare. Prescription drug coverage determinations, appeals and grievances. Accessed February 24, 2023. <https://www.uhc.com/medicare/resources/prescription-drug-appeals.html>