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**COMMUNITY CARE**  
**TITLE: MEDICATION FORMULARY EXCEPTIONS**

**ATTACHMENT(S):**        **None**

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**POLICY:**

1. A participant, a participant's appointed representative, or a participant's prescribing physician can file a request for a medication formulary tiering exception or a non-formulary exception.
2. Community Care will grant medication formulary tiering exceptions or non-formulary exceptions according to the procedure below.

**PURPOSE:**

To ensure that Community Care participants have access to a fair and timely process for requesting and receiving exceptions to Community Care's medication formulary.

**PROCEDURE:**

1. Responsibility:
  - a. Pharmacy Administrator:
    - i. is responsible for implementing and maintaining this policy and procedure.
    - ii. will ensure that participants receive information regarding the formulary exceptions process in participant outreach materials as appropriate.
  - b. When a participant requests a formulary or formulary tiering exception, the Interdisciplinary Team (IDT) will ensure a participant's right to request an exception by discussing the process with the participant and forwarding all exception requests to the Pharmacy Administrator or the Community Care Appeal Committee..
2. Availability of Information: Community Care will make all information regarding the exceptions process available to CMS upon request.
3. Criteria for Approving an Exception: Community Care will consider granting a medically appropriate exception under this policy if the request meets at least one of the following criteria:
  - a. The formulary preferred drug is deemed to be not as effective for the participant as the requested drug;
  - b. The formulary preferred drug would have adverse effects for the participant.

Additional criteria are included in Community Care's Medication Formulary Policy.

4. Standard Exceptions Process:

- a. When a participant requests a medication formulary tiering exception or a non-formulary exception, the IDT will immediately forward the request to the Clinical Pharmacist for a determination.
- b. Community Care will make a final determination as expeditiously as the participant's health condition requires, but no later than 72 hours after the receipt of the request or the physician's supporting statement.
- c. Denial of Request: For any coverage decisions that are adverse to the participant's request-
  - i. Community Care will treat an adverse coverage decision as a denial of service. In case of an adverse coverage decision, the Clinical Pharmacist or the Medical Director will immediately provide an appeal notification letter per the appropriate participant appeal policy and procedure.
  - ii. For determination on the appeal (reconsideration of the coverage decision), the Participant Risk Management Review Committee will follow the appropriate participant appeal policy and procedure.

5. Expedited Exceptions Process:

- a. When a participant requests a medication formulary tiering exception or a non-formulary exception, the IDT will immediately forward the request to the Clinical Pharmacist or Medical Director for a determination.
- b. Community Care will make a final determination as expeditiously as the participant's health condition requires, but no later than 24 hours after the receipt of the request or the physician's supporting statement.
- c. Denial of Request: For any coverage decisions that are adverse to the participant's request-
  - i. Community Care will treat an adverse coverage decision as a denial of service. In case of an adverse coverage decision, the Clinical Pharmacist or the Medical Director will immediately provide an appeal notification letter per the appropriate participant appeal policy and procedure.
  - ii. For determination on the appeal (reconsideration of the coverage decision), the Participant Risk Management Review Committee will follow the appropriate participant appeal policy and procedure.

6. Failure to Meet Timeframes: Note that failure to meet any of the timeframes in this policy constitutes an adverse coverage determination. For Partnership participants with Medicare, Community Care must forward the participant's request to the Independent Review Entity, Maximus Center for Health Dispute Resolution, within 24 hours of expiration of the adjudication timeframe.

7. Withdrawing an Appeal (Reconsideration) Request: In order for a participant to withdraw an appeal, the person who filed the appeal with Community Care must provide a written withdrawal request to Community Care.

**RELATED POLICIES/REFERENCES:**

1. Related Policies:

- a. Medication Formulary Policy
- b. Interdisciplinary Team Policy
- c. Service Request Tracking Policy
- d. Partnership Participant Appeal Policy

e. PACE Participant Appeal Policy

2. References:

a. 42 CFR 423.578