POLICY AND PROCEDURE MANUAL

Policy Title: Request for Non-Preferred Formulary Agents	**Policy Number: M50.60**
Primary Department: Pharmacy & Therapeutics **Affiliated Department(s): Executive Committee, Clinical Operations**	**NCQA Standard: N/A** **URAC Standard: N/A**
Last Revision Date: **Revision Dates:** **Effective Date: 01/20**	**Next Review Date: 12/20** **Review Dates:**

Special Instructions Alert

State/Program	MI	IL	Commercial		
Medicare:	☐SNP ☐MMAI ☐MA ☐PDP	☐SNP ☐MMAI ☐MA ☐PDP		☐SNP ☐MMAI ☐MA ☐PDP	☐SNP ☐MMAI ☐MA ☐PDP
Medicaid:	☐TANF ☐SPD ☐SCHIP	☐TANF ☐SPD ☐SCHIP		☐TANF ☐SPD ☐SCHIP	☐TANF ☐SPD ☐SCHIP
Commercial:	☐Exchange ☐Employer ☐Private	☐Exchange ☐Employer ☐Private	☐CMC	☐Exchange ☐Employer ☐Private	☐Exchange ☐Employer ☐Private
State/Program					
Medicare:	☐SNP ☐MMAI ☐MA ☐PDP	☐SNP ☐MMAI ☐MA ☐PDP	☐SNP ☐MMAI ☐MA ☐PDP	☐SNP ☐MMAI ☐MA ☐PDP	☐SNP ☐MMAI ☐MA ☐PDP
Medicaid:	☐TANF ☐SPD ☐SCHIP	☐TANF ☐SPD ☐SCHIP	☐TANF ☐SPD ☐SCHIP	☐TANF ☐SPD ☐SCHIP	☐TANF ☐SPD ☐SCHIP
Commercial:	☐Exchange ☐Employer ☐Private	☐Exchange ☐Employer ☐Private	☐Exchange ☐Employer ☐Private	☐Exchange ☐Employer ☐Private	☐Exchange ☐Employer ☐Private

Definition:

MeridianRx provides network practitioners a process for requesting non-preferred formulary agents in accordance with the State of Illinois Preferred Drug List (PDL) requirements. Non-preferred formulary agents will be considered in cases where a member has failed formulary preferred agents or when medical necessity is the basis for the request. This policy will not supersede drug-specific criteria developed and approved by the MeridianRx Clinical Pharmacists and P&T Committee, where applicable.

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 consumer, nor shall anything in this section be construed to prohibit generic drug substitutions.

Policy:

A. Prescribers who choose to prescribe a non-preferred formulary agent must complete a Prior Authorization Form and submit it to MeridianRx. This form is located on the client website or can be obtained by contacting the appropriate MeridianRx service line (Refer to MeridianRx website for the correct client customer service phone number). All information requested in the Prior Authorization Form must be submitted to MeridianRx for consideration of coverage.

B. A MeridianRx Clinical Pharmacist reviews the request against ALL of the following criteria:
   - The indication for use of the requested medication is FDA approved and documentation is provided that the request is considered the standard of care as evidenced by appropriate clinical practice guidelines developed by the appropriate medical specialty and supported by at least two peer-reviewed journal articles that are randomized, prospective, double-blinded, against placebo and/or alternative therapy
   - The dose of the medication requested is based on FDA Approved labelling for the age and indication provided
   - The diagnosis must be supported by the clinical information submitted.
   - Pertinent clinical information, where applicable:
     a. Related lab work and test results
     b. Current chart notes documenting the diagnosis and plan of care
     c. Complete progress notes documenting the disease and treatment history
   - Documentation of one of the following:
     a. Adequate trial and failure of at least 2 formulary preferred agents, when available, and each trial has been for 90 or more days in length, OR
     b. Contraindication or intolerance to all other preferred formulary medications based on the member's diagnosis, medical condition or other medication therapies
   - Clinical documentation showing compliance to previous therapy and office visits

C. MeridianRx notifies the practitioner when the non-preferred medication request is approved or denied. This notification occurs within the established timeframes. (Refer to PP M50.02 for specific timeframes).

D. When MeridianRx denies the request, a denial letter is sent to the practitioner and the consumer, informing them of the specific reason for the denial, including reference to the information upon which the decision was based, and an explanation of their appeal rights (see attached denial letter template). The practitioner is also notified that he/she has the option of discussing the decision further with a MeridianRx Pharmacist for reconsideration and the phone number where they can be reached.

E. If the prescribing practitioner or consumer chooses to appeal the decision, the appeal is reviewed by a MeridianRx Physician or Pharmacist Reviewer. This reviewer is a physician or pharmacist who did not participate in the original decision and is of the same or similar specialty. MeridianRx may elect to enlist the services of an IRO to review the request and make a recommendation. The consumer and practitioner are notified of the approval or denial

within the specified timeframes (Refer to PP M50.02 for further information). If the appeal is denied, the consumer is notified of further appeal rights. (See P&P 50.25 Consumer Appeal Rights and Process, for further information.)

Notes:

- Medication specific criteria will be utilized upon request for medical necessity review in conjunction with the Request for Non-Preferred Formulary Agents policy, where applicable
- Combination Products: A clinical reason supported by chart notes as to why the member is unable to take the active ingredients of the combination product separately as individually prescribed medications must be provided when the separate entities are covered on formulary
- Prescribers are to refer to product package insert for dosing, administration and safety guidelines.

Special Instructions:

State/Program: N/A

State/Program: N/A

References:

Medicare Managed Care Manual:	**NA**	**NA**	**NA**	**NA**
Medicaid CFR:	**NA**	**NA**	**NA**	**NA**
State Administrative Codes:	**NA**	**NA**	**NA**	**NA**
Contract Requirements:	**NA**	**NA**	**NA**	**NA**
Related Policies:	**M50.02**	**M50.25**	**NA**	**NA**
Related Desk Level Procedures/Job Aids/Template Letters:	**NA**	**NA**	**NA**	**NA**
Related Algorithms/Flowcharts /Attachments	**NA**	**NA**	**NA**	**NA**