

Medication Exception Process

Policy Type: Pharmacy Administrative

Policy Number: 9.016

Policy Effective Date: 10/26/11

Last Review Date: 10/26/2011

Authorizing Entity: Quality Improvement Committee

Applicable Plan Products:

MassHealth

Commonwealth Care

Commercial

Definitions

Member – the actual member or member’s authorized representative or the member’s prescribing practitioner acting on behalf of the member.

Policy Statement

The Medication Exception Process allows a member the ability to request coverage of a non-covered medication based upon medical necessity. Medications specifically excluded from coverage by federal or state regulations, e.g. Medicaid, and those specifically excluded as outlined in the Commonwealth Care Evidence of Coverage and Commonwealth Choice Evidence of Coverage are not subject to this policy.

The Plan provides the following process to allow a member to request coverage of a non-covered medication based upon medical necessity.

All Plan policies are developed in accordance with state, federal and accrediting organization guidelines and requirements, including NCQA.

Procedure

1. The member’s prescribing practitioner must submit to the Plan in writing a letter of medical necessity and/or completed drug-specific prior authorization request form along with any additional documentation necessary that speaks to the need for the non-covered medication.
2. Upon receipt of the letter of medical necessity and/or completed prior authorization request form, a clinical pharmacist and/or medical director will review the information presented and either request additional clinical

The use of this policy is not a guarantee of payment or approval and will not determine how a specific claim(s) or authorization(s) will be processed. Reimbursement is based on member benefits and eligibility, medical necessity review, where applicable, coordination of benefits, adherence to Plan policies, clinical coding criteria, and the BMC HealthNet Plan agreement with the rendering or dispensing provider. Plan policies may be amended at BMC HealthNet Plan’s discretion. BMC HealthNet Plan will always use the most recent CPT and HCPCS coding guidelines.

- information or make a decision in accordance with Plan turn-around-time standards per UM policies and procedures.
3. If an approval decision is rendered for the non-covered medication, an authorization will be entered into the claims payment system for a period of time in accordance with internal standard approval durations or as specified by the reviewer. The requesting practitioner will be notified of the approval decision.
 4. If a denial decision is rendered given for the non-covered medication, a notice of denial will be sent via U.S. mail to the member and a copy will be sent to the requesting practitioner. The notice of denial will outline reconsideration and appeal information should the member and/or requesting practitioner disagree with the denial decision.

Responsibility and Accountability

The Pharmacy department will be responsible for the maintenance and oversight of this policy. The Plan's Pharmacy Department will present this policy to the Quality Improvement Committee for at least a biennial review.

References

Legal and Regulatory References

- o Commonwealth of Massachusetts MassHealth Provider Manual Series: Pharmacy Manual. Subchapter 4: Program Regulations (130 CMR 406.000)
- o Evidence of Coverage, effective October 1, 2011, Form No. BMCHP-CC-9
- o Evidence of Coverage, effective January 1, 2012, Form No. BMCHP-CCChoice2012ver.1

Policy History and Approval dates

Original Effective Date:	09/10/2007
Original Internal Approval:	09/10/2007
Original Regulatory Approval:	N/A

Review Dates/Revisions:

06/19/2008 – Added authority for plan pharmacists to render pharmacy denials
02/23/2011 – Biennial Review; policy updated to approved template, language included outlining use of drug-specific prior authorization request form, authorization durations entered per internal standards
09/26/2011- Policy updated to include Commercial language

Next Review Date: 10/2013

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