

## Formulary Exception Requests

### Access to Nonformulary Drugs

Molina members can request coverage of clinically appropriate drugs that are not on the formulary, or have “fail first” or other requirements that have not been met. Drugs that are not on the formulary may not be covered by the plan. These drugs may cost members more than similar drugs that are on the formulary if covered on “exception,” as described in the next sections. To ask for nonformulary drugs to be covered, a provider can submit a formulary exception request on a member’s behalf. These requests will be considered for a medically accepted use when formulary options cannot be used, and other coverage requirements are met. A member’s response to drug samples from a provider or a drug maker is not a reason to bypass standard rules for plan drug coverage.

Formulary drugs are typically prescribed by providers for members to get from a pharmacy and give themselves. Most injectable drugs that require a provider’s help are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for members’ drugs. Some injectable drugs can be approved through the exceptions process to get from a pharmacy using the plan pharmacy benefit.

### Non-Covered Drugs

Non-covered drugs such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception. Molina does not cover certain types of drugs that are listed as benefit exclusions in the plan policy, including:

- Cosmetic drugs
- Drugs not FDA-approved or licensed for use in the United States
- Drugs to treat erectile dysfunction or other types of sexual dysfunction
- Experimental and Investigational drugs or uses of drugs
- Gene therapy
- Hair loss or growth treatments
- Homeopathic treatments and nutritional supplements
- Infertility drugs (other than treating and underlying infertility cause itself)
- Over-the-counter drugs not listed on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Weight loss drugs

### Requesting a Formulary Exception

The process for requesting a formulary exception is the same for requesting prior authorization on formulary drugs that require advanced approval for coverage. Requests are reviewed against standard rules to determine medical necessity.

A provider may fax a completed **Prior Authorization/Medication Exception Request** form to Molina at 1 (800) 869-7791. The form may be obtained on [MolinaMarketplace.com](https://MolinaMarketplace.com) at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted.

A member stabilized on a nonformulary drug may remain on the drug during the formulary exception review process by requesting an emergency fill. To request an emergency fill, the pharmacy can call 1 (800) 213-5525, Option 1-2-2. Trials of drug samples from a prescriber or a drug manufacturer will not be considered as current treatment.

Molina will grant a formulary exception if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member's documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The member is established on the drug as a current treatment with documentation of a positive therapeutic outcome and switching to the required drug will likely cause clinically predictable adverse reactions or harm
- The supporting medical information clearly shows formulary or required drugs are not in the member's best interest, because they are likely to:
  - Present a barrier to treatment plan adherence, or
  - Negatively impact a member's comorbid condition, or
  - Cause a clinically predictable negative drug interaction, or
  - Decrease the member's ability to achieve or maintain reasonable functional ability in performing daily activities

After receiving all the needed information from the member's provider, Molina will notify the member's treating provider of approval or denial of the request:

- Within 72 hours for standard requests, and
- Within 24 hours for urgent requests

Urgent exception requests apply when a member is experiencing a health situation that may seriously jeopardize their life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a nonformulary drug.

If the request is denied, Molina Healthcare will send a letter to the member and their prescriber. The letter will explain why the drug or product was denied. The prescriber may request to discuss the denial with Molina. If the member disagrees with the denial of the request, the member can appeal Molina's coverage decision. The prescriber may also request that an Independent Review Organization (IRO) review Molina's coverage decision during an appeal. The IRO will notify the requestor of the IRO decision no later than:

- 72 hours following receipt of an appeal of a denied standard exception request
- 24 hours following receipt of an appeal on a denied urgent exception request