



Requests for Non-Formulary Exception-to-Coverage Drugs

Health Options has a process for allowing exceptions to our formulary. To obtain coverage consideration for a drug not on our formulary, you, your Designee, or the prescribing Provider must submit a request to Health Options' PBM with a clinical rationale for the exception. Our PBM will make a decision within 48 hours, or in exigent circumstances, within 24 hours, upon receipt of all required information. Exigent circumstances exist when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

In the case of exigent circumstances, if the request for coverage is approved, coverage for the drug will be available for the duration of the exigency. If the request for coverage is approved, the drug will be covered as a Tier 4 or Tier 5 drug (costsharing will apply as listed in the Schedule of Benefits), and the prescription will be considered a Covered Service.

You, your Designee, or the prescribing Provider may request an accredited independent review organization review the denial of an exception request. If you or your Designee are requesting the exception, you will need to provide the prescribing Provider's information so our PBM can contact the prescribing Provider to obtain information to support the request.

If you need access to a medication that is not listed on our formulary, you or your provider may submit [this Medication Prior Authorization Form](#) by faxing it to (877) 251-5896. If you require an expedited review for an urgent circumstance, please call (800) 417-8164. If the request for your medication is denied, you can file an appeal to overturn the decision. Additionally, you have the right to an external review. If you feel the request was incorrectly denied, you may ask us to submit the case for an external review by an impartial, third-party reviewer known as an Independent Review Organization (IRO). Note, we must follow the IRO's decision. An IRO review may be requested by a Member, Member's representative, or prescribing provider by mailing, calling, or electronically submitting the request to the following:

Maine Bureau of Insurance,
34 State House Station,
Augusta, ME 04333,
Phone: 1-800-300-5000,
TTY: 1-888-577-6690,
Web site at: www.maine.gov/pfr/insurance