



IMPERIAL HEALTH PLAN OF CALIFORNIA

Exception Request Process

What is a Part D/Prescription exception? If a drug is not covered in the way you would like it to be covered, you can ask the plan to make an “exception.” An exception is a type of coverage decision. If we turn down your request for an exception, you can appeal our coverage decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception to be approved. We will then consider your request. Here are three examples of exceptions that you or your doctor/other prescriber can ask us to make:

- **To cover a Part D drug for you that is not on our List of Covered Drugs (Formulary).**
- **To remove a restriction on our coverage for a covered drug.** There are extra rules or restrictions that apply to certain drugs on our List of Covered Drugs (Formulary).
- **To reassign a drug to a lower cost-sharing tier.** Every drug on the plan’s Drug List is in one of the cost-sharing tiers. In general, the lower the cost-sharing tier number, the less you will pay as your share of the cost of the drug.

Important things to know about asking for exceptions.

When you ask for an exception, your doctor or other prescriber must give us a written request for exception that explains the medical reasons for requesting the exception. If your health requires a quick response, you can ask us to make a “fast decision.” For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception. Typically, our Drug List includes more than one drug for treating a certain condition. These different possibilities are called “alternative” drugs. If an alternative drug would be just as effective as the drug you are requesting and would not cause more side effects or other health problems, we will generally not approve your request for an exception.

Provider Exception Requests

- Exception requests are initiated by contacting customer care or submitting in writing to the exceptions department or could be initiated by phone by using the dedicated customer care phone number.
- The exception fax form or PA is completed by the member’s physician and returned to the exceptions department. The exceptions request is reviewed against the supporting criteria.
- If the exception is approved, the representative enters the documentation and applicable overrides into the CVS Caremark authorization system.
- A test claim is processed to ensure the claim will pay when the member fills the prescription at the pharmacy.
- Approval letters are generated and faxed to the physician and mailed to the member.
- If the exception does not meet the criteria requirements as required by the plan or state rules, the appropriate clinical reviewer will deny the exceptions request.
- Denial letters are generated and faxed to the physician and mailed to the member. Denial letters include directions on how to appeal the denial.
- Exceptions are processed within the following timeframes:



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- Urgent requests from the member's physician are processed within 72 hours from receipt of the request if all necessary information is received.
- Non-urgent requests are processed within 15 days from receipt of the receipt of the request.