STEP THERAPY PROGRAMS

How do I request an exception to the Ultimate Health Plans' Formulary?

You can ask Ultimate Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Ultimate Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Ultimate Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Your prescriber must submit a statement supporting your coverage determination or exception request. In order to help us make a decision more quickly, you should include supporting medical information from your prescriber when you submit your exception request.

What if I have additional questions?
You can call us at: 1-800-311-7517 (seven days a week, 24 hours a day) if you have any additional questions. If you have a hearing or speech impairment, please call us at TTY 1-866-706-4757.

ACTINIC KERATOSIS - SCORE

Products Affected

- Diclofenac Sodium GEL 3%

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod

ANTIDEPRESSANTS - SCORE

Products Affected

- Emsam
- Exxua
- Exxua Titration Pack
- Fetzima
- Fetzima Titration Pack

Details

Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine hydrochloride. Approve for continuation of prior therapy.

ATYPICAL ANTIPSYCHOTICS - SCORE

Products Affected

- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack B
- Fanapt Titration Pack C
- Secuado

Details

Criteria	Trial of two of the following oral generic formulary atypical antipsychotic agents: asenapine, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy.

INVEGA HAFYERA THERAPY - SCORE

Products Affected

- Invega Hafyera

Details

Criteria	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.

LYBALVI - SCORE

Products Affected

- Lybalvi

Details

Criteria	Trial of one oral generic formulary olanzapine. Approve for continuation of prior therapy.

SGLT2 -SCORE

Products Affected

- Farxiga

Details

Criteria	Trial of generic dapagliflozin

ZONISADE SUSPENSION - SCORE

Products Affected

- Zonisade

Details

Criteria	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.

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