



MEDICARE – Default Formulary Exception Policy

SUBJECT: Formulary Exception Criteria (also known as “Default” or “DRNCC”)

EFFECTIVE DATE: 1/1/2018
DATE REVISED: 10/12/2020

DESCRIPTION

According to the Medicare Prescription Drug Benefit Manual, Chapter 18 – Part D Enrollee Grievances, Coverage Determinations, and Appeals, *If a plan utilizes a formulary to manage its Part D drug benefits, it must have procedures in place that ensure enrollees have access to Part D drugs that are not included on its formulary..!*

Per this guidance, a prescriber’s supporting statement must indicate that the requested non-formulary prescription drug should be approved because all covered Part D drugs on any tier of a plan's formulary would not be as effective for the enrollee as the non-formulary drug, and/or would have adverse effects.

POLICY STATEMENT

The recommended authorization criteria detailed below are utilized to assess whether an exception be made for the requested non-formulary drug. This policy is to be used for all non-formulary drugs for which there is no drug specific policy available.

RECOMMENDED AUTHORIZATION CRITERIA

Authorize a formulary exception if one of the following criteria is met

1. The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with one formulary alternative if there is only one on formulary, OR
2. The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with at least two formulary alternatives , OR
3. The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with the generic equivalent (if formulary) of the requested multisource brand non-formulary drug OR
4. The prescriber indicates that the formulary alternative(s) would be less effective than the requested medication in treating the patient's medical condition, OR
5. The prescriber indicates that based on sound medical evidence, the formulary alternative(s) would likely cause an allergy, adverse reaction or other harm to the patient. OR
6. If there are no formulary alternatives, then approve

DURATION OF APPROVAL IS 12 MONTHS.

AUTOMATION

10/21/2021

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Claim look-back automation is applied to look for prior use of preferred agents, automation to detect if the requested drug is a Multisource Brand

REFERENCES

1. Medicare Prescription Drug Benefit Manual. Chapter 18 - Part D Enrollee Grievances, Coverage Determinations, and Appeals Available at: <https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Downloads/Chapter18.zip>

HISTORY

Presented to Express Scripts Medicare Oversight (MOVE) Committee, 8/25/2017

Annual review by MOVE, 11/9/2018, no changes.

Annual review by MOVE, 8/12/2019, no changes.

Annual review by MOVE 10/12/2020 added automation section

Annual review by MOVE 10/11/2021, no changes

Annual review by MOVE 10/10/2022. No changes to intent, updated wording on trying formulary alternative to match wording in clinical policies.

Annual review by MOVE 10/14/2024 clarified automation details regarding MSB, added “Default” as criteria is commonly referred to. No policy changes.