



# WELLFLEET

## Process: Non-Formulary Drugs and Step Therapy Exceptions

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**Purpose** To describe the process for requesting an exception for clinically appropriate prescription medications not covered under the Formulary or that have step therapy requirements prior to receiving the requested medication. The specific process varies by the pharmacy benefits manager (PBM) under the plan.

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- Definitions**
- **Formulary:** A list of medications or products that are covered under the prescription drug benefit.
  - **Non-Formulary Exception:** A request to obtain a medication that is excluded from the Formulary.
  - **Step Therapy Exception:** A request to obtain a medication that would normally require other medications to be attempted prior to coverage.
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**Effective date** 5/1/2019

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**Initiating an Exception** An insured, insured’s designee, or the prescriber may initiate a Non-Formulary Exception or Step Therapy Exception by contacting the applicable phone number below:

<b>PBM</b>	<b>Phone Number</b>
Wellfleet Rx/KPP (ID card BIN: 012882)	800-788-2949
Wellfleet Rx/ESI (ID Card BIN: 003858)	877-640-7948

For any issues or concerns related to this process, Wellfleet may be contacted directly at 800-633-7867.

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- Turnaround Times**
- Standard reviews are completed within 72 hours, except where state law or regulation requires a shorter determination window.
  - Expedited reviews are completed within 24 hours, except where state law or regulation requires a shorter determination window.
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- Reasons PBM May Allow an Exception**
- The coverage criteria for exceptions may be requested from the PBM when initiating a Non-Formulary Exception or Step Therapy Exception.



- See the guidelines entitled ‘Non-Formulary Drug Exceptions’ and ‘Step Therapy (ST) Exception Guidelines’ contained within Prior Authorization guidelines on [www.wellfleetrx.com/formularies](http://www.wellfleetrx.com/formularies).
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**Adverse Determinations and Appeals**

If a Non-Formulary Exception or Step Therapy Exception is denied, the adverse determination notification letter to the insured and prescriber will include the reason for denial as well as a description of the appeals process.

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**Step Therapy Criteria Selection Process**

Review of the Formulary, including any limitations, such as prior authorization, quantity limits, step therapy, clinical management programs or exclusions, is consistent with up-to-date evidence-based outcomes and current published, peer-reviewed medical and pharmaceutical literature. Drugs included in the Step Therapy program are considered therapeutic alternatives to each other for their respective step therapy group. Therapeutic alternatives (drug protocols with different chemical structures that are the same therapeutic or pharmacological class, and usually can be expected to have similar outcomes and adverse reaction profiles when administered in therapeutically equivalent doses) are determined from FDA approved product information and pharmaceutical compendia sources. Exceptions for indications or uses are noted in the respective clinical criteria.

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