

## How do I request an exception to the Liberty Health Advantage (HMO-POS) Formulary?

You can ask Liberty Health Advantage (HMO-POS) 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Liberty Health (HMO-POS) limit 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 more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. “Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.”

Generally, Liberty Health (HMO-POS) will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower-tiered 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, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician’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 your prescribing physician’s supporting statement.

**Your physician 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 doctor when you submit your exception request.**

### What if I have additional questions?

You can call us at: 1-800-546-5677 (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.

ARB	<p>Atacand, Atacand HCT, Diovan and Diovan HCT shall be considered medically necessary for members who have had an adequate trial of one month of therapy on one of the following therapies: losartan, losartan/hctz, benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, quinapril, trandolapril, perindopril, ramipril, fosinopril/HCTZ, moexepiril/HCTZ, captopril/HCTZ, lisinopril/HCTZ, quinapril/HCTZ, enalapril/HCTZ, or benazepril/HCTZ within the previous 180 days as determined by on-line prescription drug claim history. An adequate therapeutic trial will be considered one month of therapy tried. If criteria is met, the member's claim for the medication subject to step therapy shall be covered. If on-line prescription claims history is not available, please contact the customer service center at 1-800-546-5677 to request coverage as a medical exception.</p>
COX-2	<p>Celebrex shall be considered medically necessary for members who have had an adequate trial of one month of therapy on two of the following therapies: diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, or tolmetin within the previous 180 days as determined by on-line prescription drug claim history. An adequate therapeutic trial will be considered one month of therapy tried. If criteria is met, the member's claim for the medication subject to step therapy shall be covered. If on-line prescription claims history is not available, please contact the customer service center at 1-800-546-5677 to request coverage as a medical exception.</p>
JANUVIA	<p>Janumet shall be considered medically necessary for members who have had an adequate trial of one month of therapy on two of the following therapies: glimepiride, glipizide/metformin, glipizide, glyburide/metformin, glyburide, or metformin within the previous 180 days as determined by on-line prescription drug claim history. An adequate therapeutic trial will be considered one month of therapy tried. If criteria is met, the member's claim for the medication subject to step therapy shall be covered. If on-line prescription claims history is not available, please contact the customer service center at 1-800-546-5677 to request coverage as a medical exception.</p>
OSTEO	<p>Actonel shall be considered medically necessary for members who have had an adequate trial of one month of therapy on alendronate within the previous 180 days as determined by on-line prescription drug claim history. An adequate therapeutic trial will be considered one month of therapy tried. If criteria is met, the member's claim for the medication subject to step therapy shall be covered. If on-line prescription claims history is not available, please contact the customer service center at 1-800-546-5677 to request coverage as a medical exception.</p>
SIMPONI	<p>Simponi shall be considered medically necessary for members who have had an adequate trial of one month of therapy on Humira within the previous 180 days as determined by on-line prescription drug claim history. An adequate therapeutic trial will be considered one month of therapy. If criteria is met, the member's claim for the medication subject to step therapy shall be covered. If on-line prescription claims history is not available, please contact the customer service center at 1-800-546-5677 to request coverage as a medical exception.</p>
OAB	<p>Enablex, Oxytrol, and Toviaz shall be considered medically necessary for members who have had an adequate trial of one month of therapy on oxybutynin or oxybutynin er within the previous 180 days as determined by on-line prescription drug claim history. An adequate therapeutic trial will be considered one month of therapy. If criteria is met, the member's claim for the medication subject to step therapy shall be covered. If on-line prescription claims history is not available, please contact the customer service center at 1-800-546-5677 to request coverage as a medical exception.</p>