

How do I request an exception to the Central Health Plan of California Formulary?

You can ask Central Health Plan of California 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, Central Health Plan of California 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, Central Health Plan of California 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.

ADVAIR	
ARB	Diovan, Diovan HCT, Tekamlo, Tekturna, Tekturna HCT, and Valturna shall be considered medically necessary for members who have had an adequate trial of one month of therapy on lisinopril, quinapril, fosinopril, fosinopril/hctz, moexepiril, moexepiril/hctz, quinapril/hctz, enalapril, enalapril/hctz, lisinopril/hctz, benazepril, benazepril/hctz, captopril, captopril/hctz, or trandolapril 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.
AVODART	Avodart shall be considered medically necessary for members who have had an adequate trial of one month of therapy on finasteride 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.
COX-2	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, 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.
JANUVIA	Janumet, Actoplus Met, and Byetta shall be considered medically necessary for members who have had an adequate trial of one month of therapy on two of the following therapies: glyburide, glyburide/metformin, glimeperide, glycron, glipizide, glipizide/metformin, metformin, tolazamide, or tolbutamide 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.
OAB	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 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.
PAIN	Avinza and Kadian shall be considered medically necessary for members who have had an adequate trial of one month of therapy on morphine sulfate 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.
PPI	Nexium, lansoprazole, and pantoprazole shall be considered medically necessary for members who have had an adequate trial of one month of therapy on omeprazole 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.

PRADAXA	Pradaxa shall be considered medically necessary for members who have had an adequate trial of one month of therapy on warfarin or Jantoven 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.
SEDATIVE	Lunesta and Rozerem shall be considered medically necessary for members who have had an adequate trial of one month of therapy on zolpidem or zolpidem 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 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.
SINGULAIR	
STATINS	Vytorin, and Crestor shall be considered medically necessary for members who have had an adequate trial of one month of therapy on lovastatin, pravastatin, or simvastatin 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.