



# Washington Utilization Management and Exception Process

If you are covered by a Washington State fully insured plan, your request for a prescription may require certain utilization management (UM) criteria or rules to be reviewed prior to coverage. These rules may include formulary, step therapy, dosage/quantity limitations and substitutions.

- If your prescription is rejected, your health care provider may request an exception to the coverage criteria by completing and submitting the applicable prior authorization (PA) form.
- Have your provider contact Aetna Pharmacy Precertification Unit Non-Specialty 1-800-294-5979 or Specialty 1-866-814-5506.
- Fax the completed request form to: Non-Specialty 1-888-836-0730 or Specialty 1-866-294-6155.
- Mail the completed request form to: Aetna Pharmacy Management 1300 East Campbell Road Richardson, TX 75081
- If your medication is no longer preferred, your provider can request a Tier Exception Form.
- If you are paying more for a brand medication and you cannot take the generic, your provider can request the Brand Penalty Exception Form.

As part of the authorization process, we will review the information submitted by your provider and determine if your request meets the requirements for exception based on the information below. \*Note medical necessity requirements may still apply.

Required UM	Consideration for Receiving Exception to Required UM
Step Therapy Substitution Non-Formulary Tier	<p>The requested medication may be covered when any of the below are met and documentation has been provided as required:</p> <ul style="list-style-type: none"> <li>• Intolerance or contraindication to the medication that is required to be used or tried first</li> <li>• Previously have tried the required drug and had an adverse reaction (such as allergy) or documentation is provided that the drug is not effective</li> <li>• The provider determines that changing to the required drug may cause adverse reactions or a negative effect to the patient</li> <li>• The provider determines that the required drug is not in the best interest of the patient. The provider must provide documentation on why the required medication will cause adverse effects, potential drug interactions or issues with the patient taking the medication.</li> </ul>

Required UM	Consideration for Receiving Exception to Required UM
Dosage/Quantity Limitations	The requested medication may be covered if: The provider determines that the clinical efficacious dosage requested is required for the patient's treatment plan. Documentation may be required.
FDA Indications and Off-Label Use	If the provider determines that the patient requires the use of a covered medication outside of the U.S. Food and Drug Administration (FDA) approved indication, the request will be evaluated to determine if there is sufficient evidence in the medical literature or compendia to support its use. This means that there is enough clinical information and evidence showing that the medication is useful in treating the condition even if it is not FDA approved for the indication.

For insured Aetna Commercial plans, please use the link below to access the clinical review criteria for prescription drugs.

**<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins/pharmacy-clinical-policy-bulletins.html>**