

Requesting a coverage determination or an exception

What is a coverage determination?

A coverage determination is a decision made by or on behalf of the patient's insurance plan regarding coverage of a prescription drug. If a drug requires a coverage determination, the patient, the patient's appointed representative or the patient's prescribing physician or other prescriber will need to request and receive approval from SOLIS Health Plans (HMO) before this drug may be covered.

Why is a coverage determination required?

SOLIS has placed this requirement on select high-risk or high-cost medications to promote safe and effective drug utilization. We want to make sure these medications do not affect with others the patient takes or add to the patient's costs unnecessarily. Coverage determination criteria are established by the SOLIS pharmacy and therapeutics committees with involvement from providers, manufacturers, peer-reviewed literature, standard compendia and other experts.

How do I request a coverage determination?

A coverage determination may be requested by the patient, the patient's appointed representative or the patient's prescribing physician or other prescriber.

If you would like to submit a coverage determination request on behalf of your patient with SOLIS coverage, you may contact our pharmacy coverage determination review team in one of the following ways:

- Call our Pharmacy Coverage Determination Review team at 1-833-615-9259 and request a coverage determination request over the phone. We are available to take your call Monday to Friday, 8 a.m. to 5p.m.
- Fax the request, along with applicable supporting documentation, to 1-855-668-8552.

For your convenience, you may call the pharmacy coverage determination review team at 1-833-615-9259 to request a coverage determination form specifically designed for the drug that is being requested. This form will include specific questions to ensure all required information is obtained for the review.

- Send the request electronically by completing the online Coverage Determination Request Form available at www.solishealthplans.com. You may attach applicable supporting documentation to this form and submit it to us online. In addition, you will be able to print a copy of the completed form for your records.

- Mail a Request to:

Mailing address:

SOLIS Health Plans

Attention: Pharmacy coverage determination review team

PO Box 1039

Appleton, WI 54912-1039

What is an exception?

An exception request is a type of coverage determination that the patient, the patient's appointed representative or the patient's prescribing physician or other prescriber may request. Exception requests are granted when we determine that the requested drug is medically necessary for the patient. Therefore, you must submit a statement to SOLIS to support the request.

There are different types of exceptions, such as:

1. **A tiering exception:** A request for a nonpreferred drug at the cost-sharing terms applicable to drugs in the preferred tier. For this type of exception, your supporting statement must indicate that the preferred drug would not be as effective as the requested drug in the higher cost-sharing tier for treating the patient's condition, that the preferred drug would have adverse effects for the patient or both.
2. **A formulary exception:** A request for a Medicare Part D drug that is not included on the SOLIS formulary or does not meet our formulary utilization rules, such as quantity limits or step therapy. For this type of exception, your supporting statement must indicate that the nonformulary drug is necessary for treating the patient's condition. The statement must indicate that all covered Medicare Part D drugs on any tier of the plan's formulary would not be as effective or would have adverse effects, that the number of doses under a dose restriction has been or is likely to be ineffective, or that the alternative drug listed on the formulary or required to be used in accordance with step therapy has been or is likely to be ineffective or cause an adverse reaction.

How do I submit a supporting statement?

Send supporting medical information to SOLIS, along with the exception request, in one of the following ways:

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- Fax the request, along with applicable supporting documentation, to 1-855-668-8552. For your convenience, you may call the pharmacy coverage determination review team at

1-833-615-9259 to request a coverage determination form specifically designed for the drug that is being requested. This form will include specific questions to ensure all required information is obtained for the review.

- Mail a Request to:

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Once your request has been processed, you and the patient or patient's appointed representative will be notified of the plan's decision.