# Member Initiated Prior Use Exemption (MIPUE) and Claims Derived Prior Use Exception Process for Formulary Exclusions (PUE)

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**Description:** Procedures and information for clients implementing the Member Initiated Prior Use Exemption (MIPUE) or Claims Derived Prior Use Exception process for formulary exclusions.

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| Reminders |

Some net new clients are offered the Member Initiated Prior Use Exemption (MIPUE) strategy or the Claims Derived Prior Use Exception for formulary exclusions. It is intended to help mitigate disruption and improve the member experience for plans coming from another PBM.

This is a limited option offered only to clients with special approval. Verify in the CIF if PUE/MIPUE allowed by Client.

This does not apply to Med D plans. Refer to [MED D - Transition Fill Care Processes (028816)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1b8b0e74-8bac-49e2-afc1-584c881bc839).

**Claims Derived PUE** strategy is based on claims history. Members will have an override put on their medication for up to <xx> number of days (usually 90 but can be verified in the CIF) past the plan implementation date. This would include formulary exclusions which are drugs that the member is currently taking but are not covered by the new plan starting <Insert Implementation Date>. Members will be receiving a [letter (066350](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=680c8d4e-6600-460f-a566-8838a6cbb4a2)) notifying them prior to go live outlining formulary alternatives, but the override will allow more time for the member to speak to their doctor.

**MIPUE** allows for a short-term override for formulary-excluded drugs for net new clients that adopt this strategy. Disrupted members (those who are taking a medication that will be excluded under the CVS Caremark formulary) whose plan benefit allows for MIPUE will receive a letter that their drug will not be covered under the new plan. The letter instructs members to talk with their prescriber and obtain a new prescription for a preferred medication. It also contains verbiage that if extra time is needed to talk with their prescriber, they can call Care to request a temporary override.

If the client allows for **MIPUE**, overrides are available for any formulary-excluded drug. The override can be used regardless of where member is filling.

**Example:** Specialty, Mail Order, Retail.

Most clients who use the MIPUE strategy allow for overrides up to 90 days after go-live date.

**Example:** Clients implementing 1/1, MIPUE overrides could be entered with effective date up to 3/31. Refer to CIF for details for the specific client.

The formulary is the list of drugs covered by a prescription benefit plan; formulary exclusions are drugs not covered by the plan. Refer to [Standard Formulary Changes (114719)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0afb51c4-054b-4d6e-b989-5aeefdb37145) for additional background on formulary exclusions.

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| Process |

This section details the process outlined for those members who may request a temporary override to allow extra time to obtain a new prescription from their prescriber.

* Impacted members should have received a disruption notification letter.
* They may also be calling during the open enrollment period (prior to receiving the letter) with general formulary questions or calling in response to a reject at the point of sale.

Perform the following steps:

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| **Step** | **Action** |
| **1** | Refer to the CIF to confirm the member’s plan allows a Member Initiated Prior Use Exemption (MIPUE).   * If the plan allows MIPUE run a Test Claim to verify rejection is the result of a formulary exclusion.     **Note:** The member does not need to have a rejected claim from the pharmacy. |
| **2** | 1. Refer to the list of preferred alternatives in the reject message and provide the list of alternatives to the member.   **Note:** Transfer to [Clinical (024833)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ff2706a9-6f42-4ccd-87e1-59cb2ce103a8) if the member has clinical questions on the alternatives or if the reject message does not return a list of preferred alternatives.   1. Explain that we can offer a temporary override to allow additional time for the member to talk with the prescriber, if needed.    * If the member calls in too early to enter the override (**Example:**  Prior to eligibility information being available), instruct the member to call back on or after the implementation date so that the override can be entered at that time.   **Note:** The clients’ implementation date can be found in the CIF within the Client Info Section.   1. Warm transfer to the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for the MIPUE, if allowed per CIF.   **Disclaimer:** This process only applies to drugs that moved to a Non-Formulary status and reject at point of sale (or with a test claim). This override only applies to coverage; it does not change the member’s copay tier.  **Example:**  The member may have to pay a higher cost share than they would for a preferred drug. |

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| CIF Example |

**Claims Derived PUE:**

[*Client Name*] was offered the “Claims derived prior use exemption (PUE) strategy”. Based on claims history, members will have an override put on their medication for up to <duration, typically 90-days> past the implementation date. This would include formulary exclusions which are drugs that the member is currently taking but are not covered by the new plan starting <Insert Implementation Date>. Members will be receiving a [letter (066350)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=680c8d4e-6600-460f-a566-8838a6cbb4a2) notifying prior to go live outlining formulary alternatives, but the override will allow more time for the member to speak to their doctor.

**Member Initiated Prior Use Exemption (MIPUE) Strategy:**

[Client Name] was offered the “Member initiated prior use exemption (MIPUE) strategy.” Members can elect to opt-in on or after <implementation date> to have an override put on their medication for up to <duration, typically 90-days>. This would only include drugs that members are currently taking but are not covered or are excluded by the new plan starting <implementation date>. Members will be receiving a [letter (066350)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=680c8d4e-6600-460f-a566-8838a6cbb4a2) letting them know of this new strategy prior to going live outlining formulary alternatives and instructing them to call on or after <implementation date> if an override is needed for any of their not covered drugs.   
  
**If the member does not understand why they must call back:**  Explain we do not receive their eligibility until a few days before <implementation date> and would need to link their override to their account once they are in our system “live.” For more information about the MIPUE process please refer to the [process section](#_Process).

**Disclaimer:** This process only applies to drugs that moved to a Non-Formulary status and reject at point of sale (or with a test claim). This override only applies to coverage; it does not change the member’s copay tier.

**Example:** The members may have to pay a higher cost share than they would for a preferred drug.

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| Related Documents |

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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