

# ACA Contraceptive Coverage Exceptions Process

The employer benefit plan utilizes reasonable medical management techniques, as permitted under 26 CFR 54.9815-2713(a)(4), 29 CFR 2590.715-2713(a)(4), and 45 CFR 147.130(a)(4), to determine which specific products to cover without cost sharing. If the individuals attending provider recommends a particular service or FDA-approved, cleared, or granted product not included in the list of specific products covered without cost sharing, the participant's prescriber can utilize an exceptions process so that the individual can obtain coverage for the medically necessary service or product without cost sharing as required under PHS Act section 2713 and its implementing regulations and guidance.

The exceptions process administered by WellDyne, the pharmacy benefit manager for the employer benefit plan, is easily accessible, transparent and sufficiently expedient such that it is not unduly burdensome to the individual or their provider.

## How to Request an Exception:

- Exceptions can be requested via telephone, mail, fax, or electronically through ePA (electronic prior authorization) integrated with prescribers EHR (electronic health record), EMR (electronic medical record) or other point of prescribing technology.
  - All exception requests must include a provider's written supporting statement documenting the clinical rationale for the exception
- To request an exception via electronic PA:
  - CoverMyMeds  
[www.covermyeds.com/main](http://www.covermyeds.com/main)  
Search by PBM name: WellDyne

- To request an exception by phone:
  - WellDyne Prior Authorization Department  
1 (866) 240-2204 | (TTY: 800-900-6570)  
8:00 am – 7:00 pm EST, Monday - Friday
- To request an exception by fax:
  - Submit the contraceptive coverage exception form and/or all information available pertaining to the request to: 1 (888) 473-7875
- To request an exception by mail:
  - WellDyne  
ATTN: Prior Authorization Department  
PO Box 90369  
Lakeland, FL 33804

## Types of Information Requested

The information requested to be included in the exception review process are readily available information to support the individual's medical necessity for the prescribed product or service, including elements such as the individual's diagnosis, previously tried and failed alternatives, contraindication to other treatment alternatives, adverse outcomes or toxicity associated with previous alternatives, need for a different route of administration, and any other clinically pertinent information to support the medical necessity request.

## Contact Information

WellDyne  
ATTN: Prior Authorization Department  
PO Box 90369  
Lakeland, FL 33804  
Phone: 1 (866) 240-2204 | (TTY: 800-900-6570)  
Fax: 1 (888) 473-7875

For questions about your pharmacy benefits, visit our member portal at [WellView.WellDyne.com](http://WellView.WellDyne.com).  
Or call Member Services at the number listed on your ID card.