

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Non-Formulary Prescription Request

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Non-Formulary Prescription Requests	May be subject to quantity limit

APPROVAL CRITERIA

- I. In order to receive a non-formulary medication, the individual must meet one of the following criteria:
 - A. Individual has previously tried and failed 2 (two) formulary products (when available): One of which has to be in the same specific drug class; the other product can be in a different drug class however it must have the same indication as the product requested; **OR**
 - B. For combination products: individual has previously tried and failed 2 (two) formulary products (when available): One of which must be in the same specific class as at least one ingredient in non-formulary combination product; **OR**
 - C. For Non-Formulary antibiotics/ anti-virals/ anti-fungals, individual has previously tried and failed one formulary antibiotic/ anti-viral/ anti-fungal product within the same route of administration; **OR**
 - D. The individual has a documented drug interaction with a formulary drug; **OR**
 - E. The individual has documented adverse drug experiences (side effects, adverse drug reaction) with a formulary drug.

- II. Any request for a Non-Formulary medication that does not meet the criteria in section I shall be subject to medical necessity review.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.