

EXCEPTION CRITERIA

FORMULARY EXCEPTION CRITERIA

Status: CVS Caremark Criteria

Type: Exception Criteria

POLICY

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested product is being used for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines).

AND

- The prescribed dose and quantity fall within the FDA-approved labeling or within dosing guidelines found in the compendia of current literature

AND

- The patient is unable to take the required number of formulary alternatives for the given diagnosis due to any of the following: A) a trial and inadequate treatment response, B) an intolerance, C) a contraindication.
(Requirement: 3 in a class with 3 or more alternatives, 2 in a class with 2 alternatives, or 1 in a class with only 1 alternative. If the requested drug is a combination product, at least 1 of the alternatives tried must be the 2 separate individual components taken concurrently plus the remaining required number of alternatives).

OR

- The patient has a clinical condition or needs a specific dosage form for which there is no formulary alternative or the listed formulary alternatives are not recommended based on published guidelines or clinical literature OR the formulary alternatives will likely be ineffective or less effective for the patient OR the formulary alternatives will likely cause an adverse effect

OR

- The patient has been receiving the requested non-formulary prescription medication for at least 6 months prior to a change in the formulary

AND

- Based on professional judgment, the formulary medication is an inappropriate therapy for the patient OR changes to drug therapy will present a significant health risk to the patient

REFERENCE

1. State of Virginia Mandate Code Ann. § 38.2-3407.9:01. July 2014.