

Reference number(s) 3443-A

#### This document applies to the following:

Formulary	Applies
Advanced Control (ACF)	V
Advanced Control Formulary Chart (ACFC)	V
Advanced Control – Choice (ACCF)	V
Basic Control (BC)	V
Basic Control Chart (BCC)	V
Standard Control (SF)	V
Standard Control Formulary Chart (SFC)	V
Standard Control – Choice (SCCF)	<b>V</b>
Value (VF)	V
Value Formulary Chart (VFC)	<b>V</b>

Formulary	Applies
Managed Medicaid Template (MMT)	
Marketplace (MF)	
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	
Aetna Individual Lives (IVL)	
Aetna Fully Insured Advanced Control Formulary (Aetna FI ACF)	<b>V</b>
Aetna Fully Insured Advanced Control Formulary Chart (Aetna FI ACFC)	<b>\</b>
Aetna Fully Insured Standard Opt-Out (Aetna FI SOO)	

# Medical Necessity Criteria Medical Necessity with Exemption

#### **Coverage Criteria**

Authorization may be granted for the requested drug when ALL of the following criteria are met:

- The patient cannot be treated with a formulary drug
- The patient is unable to take the required number of formulary alternatives for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. [ACTION REQUIRED: Documentation is required for approval.]
- The requested drug is being used for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)
- The prescribed dose and quantity fall within the FDA-approved labeling or within dosing guidelines found in the compendia of current literature

### **Continuation of Therapy**

Authorization may be granted for the requested drug when the following criteria is met:

The request is for continuation of therapy

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## **Duration Of Approval (DOA)**

• 3443-A: DOA: 12 months

#### References

N/A

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