

This document applies to the following:

| Formulary | Applies |
|---|-------------------------------------|
| Advanced Control (ACF) | <input checked="" type="checkbox"/> |
| Advanced Control Formulary Chart (ACFC) | <input checked="" type="checkbox"/> |
| Advanced Control – Choice (ACCF) | <input checked="" type="checkbox"/> |
| Basic Control (BC) | <input checked="" type="checkbox"/> |
| Basic Control Chart (BCC) | <input checked="" type="checkbox"/> |
| Standard Control (SF) | <input checked="" type="checkbox"/> |
| Standard Control Formulary Chart (SFC) | <input checked="" type="checkbox"/> |
| Standard Control – Choice (SCCF) | <input checked="" type="checkbox"/> |
| Value (VF) | <input checked="" type="checkbox"/> |
| Value Formulary Chart (VFC) | <input checked="" type="checkbox"/> |

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

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

| Reference number(s) |
|---------------------|
| 3443-A |

Duration Of Approval (DOA)

- 3443-A: DOA: 12 months

References

N/A