

Exception Criteria

Tiering (Formulary) Exception

Intent

Allow a patient to receive a non-formulary medication at a formulary co-payment rate (e.g., receive a 3rd tier drug at a 2nd tier co-payment).

Coverage Criteria

Authorization may be granted for the requested drug with a tiering (formulary) exception when ONE of the following criteria is met:

- The patient has a documented contraindication to or a potential drug interaction with the formulary alternatives.
- The patient is intolerant to or had a confirmed adverse event with the formulary alternatives.
- The patient has experienced an inadequate treatment response with TWO formulary alternatives, if available.
- The prescriber has determined that the formulary medication is not appropriate based on a specific clinical concern not listed above.

Duration of Approval (DOA)

- 980-A: DOA: 36 months