

These criteria apply to the following:			
<input type="checkbox"/> ACF	<input type="checkbox"/> BC	<input type="checkbox"/> MMT	<input type="checkbox"/> Aetna FI ACF
<input type="checkbox"/> ACFC	<input type="checkbox"/> BCC	<input type="checkbox"/> Marketplace (MF)	<input type="checkbox"/> Aetna FI ACFC
<input type="checkbox"/> SF	<input checked="" type="checkbox"/> VF	<input type="checkbox"/> Aetna SG ACA (Aetna Health Exchanges)	<input type="checkbox"/> Aetna FI SOO
<input type="checkbox"/> SFC	<input checked="" type="checkbox"/> VFC	<input type="checkbox"/> Aetna IVL	

# FORMULARY EXCEPTION CRITERIA

## VALUE 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 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. Documentation is required for approval  
**AND**
  - If the request is for a combination product for which individual components are available at similar doses on formulary, then the patient must have had a trial and failure of the separate individual components due to an adverse event (examples: rash, nausea, vomiting, anaphylaxis) that is thought to be due to an inactive ingredient, **AND**
  - If the request is for a brand name product that has a generic available on formulary, then the patient must have had a trial and failure of the generic agent due to an adverse event (examples: rash, nausea, vomiting, anaphylaxis) that is thought to be due to an inactive ingredient, **AND**
  - If the request is for a product with an available alternative dosage form for the same active ingredient on formulary, then there must be a clinical reason why the patient is unable to take an applicable alternative formulary dosage form based on the patient's condition (e.g., age, indication)

#### **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. Documentation is required for approval

#### **AND**

- 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

### REFERENCES

N/A