Reference number(s)
2463-A

Exception Criteria
Global Formulary Exception
Virginia Mandate

Coverage Criteria

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

- The requested drug is being prescribed 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. In addition, ONE of the following criteria are met:
    - The patient is unable to take the required number of formulary alternatives for the given diagnosis due to ANY of the following: a trial and inadequate treatment response, an intolerance, 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).
    - 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.
    - The patient has been receiving the requested non-formulary prescription drug for at least 6 months prior to a change in the formulary and ONE of the following criteria are met:
        - Based on the prescribing physician's professional judgment, the formulary drug is an inappropriate therapy for the patient OR changes to drug therapy will present a significant health risk to the patient.
        - The patient is unable to take the required number of formulary alternatives for the given diagnosis due to ANY of the following: a trial and inadequate treatment

response, an intolerance, 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).

- 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.

Duration of Approval (DOA)

- 2463-A: DOA: 12 months

References

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