

Exception Criteria

Global Formulary Exception Illinois

Coverage Criteria

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

If the request is for hormonal or non-hormonal therapy to treat menopausal symptoms, ALL of the following criteria are met:

- The requested therapy is recommended by a qualified health care provider who is licensed, accredited, or certified under Illinois law.
- The requested therapy has been proven safe and effective in peer-reviewed scientific studies.

The patient meets ALL of the following criteria:

- 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.
- The patient meets ONE of the following:
 - The formulary drug is contraindicated for the patient.
 - The patient tried the formulary drug and it was ineffective, or the patient was intolerant to the drug. [ACTION REQUIRED: Documentation is required for approval.]
 - The patient is currently stable on the requested drug.

Duration of Approval (DOA)

- 7059-A: DOA: 12 months

References

1. Illinois House Bill 5395. July 2024.
2. Illinois House Bill 5295. July 2024.