

Initial Prior Authorization Negative Formulary Change Indiana Exception

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.
- The patient meets ONE of the following:
 - The patient has been adherent to the prescribed drug long enough that discontinuation of the drug will cause a significant barrier to compliance with the plan of care.
 - Discontinuation of the prescribed drug will worsen a comorbid condition of the patient or lessen the patient's ability to achieve or maintain reasonable functional ability to perform daily activities.

Duration of Approval (DOA)

- 3856-A: DOA: 12 months

References

1. Indiana H 1207. March 2020.