

Field Name	Field Description
Prior Authorization Group Description	Safety Edit Exception Criteria
Covered Uses	All medically accepted indications. Medically accepted indications are defined using the following compendia resources: the Food and Drug Administration (FDA) approved indication(s) (Drug Package Insert), American Hospital Formulary Service Drug Information (AHFS-DI), and DRUGDEX Information System. The reviewer may also reference disease state specific standard of care guidelines.
Scope	<p>Requests for formulary drugs and for previously approved non-formulary drugs:</p> <ul style="list-style-type: none"> Exceeding the Food and Drug Administration (FDA) or compendia max dose recommendations Exceeding the FDA dosing or compendia administration frequency recommendations Exceeding the FDA or compendia duration of therapy recommendations Duplication of therapy error at Point of Service (POS) Age Restriction error at POS <u>Day Supply Limit error at POS</u> Concurrent Use error at POS <u>Drug Drug Interaction error at POS</u>
Criteria	<p>Exceeding the Food and Drug Administration (FDA) or compendia maximum dose, administration frequency or duration of therapy recommendations.</p> <ul style="list-style-type: none"> The member must have a documented treatment failure with the drug at the maximum tolerated dose or maximum dose (whichever is the lesser dose), administration frequency or duration of therapy. <p>AND</p> <ul style="list-style-type: none"> The provider must submit a medical reason why the maximum dose, administration frequency or duration of therapy needs to be exceeded based on the member's condition or treatment history. <p>Duplication of therapy</p> <p><u>Transition from one agent to another</u></p> <ul style="list-style-type: none"> If a provider has outlined a plan to transition a member to a similar drug or provided a dose titration schedule, the requested drug is approved for one month*. <p><u>Concurrent Therapy with two similar agents</u></p>

	<ul style="list-style-type: none"> The provider must submit a medical reason why treatment with more than one drug in the same class is required based on the member's condition and treatment history. <p>OR</p> <ul style="list-style-type: none"> The provider must submit disease state specific standard of care guidelines supporting concurrent therapy. <p>Age Restriction</p> <ul style="list-style-type: none"> The provider must submit a medical reason why the drug is needed for a member whose age is outside of the plan's minimum or maximum age limit. <p>AND</p> <ul style="list-style-type: none"> The indication and dose requested is supported by the Medical Compendia or current treatment guidelines. <p><u>Day Supply Limit</u></p> <ul style="list-style-type: none"> <u>An additional fill exceeding the day supply limit is needed based on a dose increase or is needed to achieve a total daily dose</u> <p><u>OR</u></p> <ul style="list-style-type: none"> <u>The provider must submit a medical reason why an additional fill is needed outside of the plan's day supply limit.</u> <p><u>AND</u></p> <ul style="list-style-type: none"> <u>The indication and dose requested is supported by the FDA, Medical Compendia or current treatment guidelines.</u> <p>Concurrent Use/<u>Drug Drug Interaction:</u></p> <ul style="list-style-type: none"> The provider must submit a medical reason why treatment with both drugs is necessary for the member <p><u>AND</u></p> <ul style="list-style-type: none"> <u>The increased risk for side effects when taking the drugs together has been discussed with the member</u> <p>Medical Director/clinical reviewer may override criteria when, in his/her professional judgement, the requested item is medically necessary.</p>
Coverage Duration	<p>*One month approval for Duplication of therapy when transitioning from one agent to another.</p> <p>All Other Scenarios: 12 months</p>

Revision/Review Date:	<u>510/2021</u>
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