



Commercial Formulary Exception Criteria

Purpose:

The purpose of this policy is to establish criteria for which exceptions to the formulary, or drug list, may be allowed. A drug formulary is used to encourage safe, effective, and economical prescribing of drugs.

Exception criteria:

- The member has documented intolerance or failure to the formulary alternatives for the submitted diagnosis.
- The dosage and indication are within the Food and Drug Administration (FDA) approved labeling.
- The provider has demonstrated that there are no other medically reasonable formulary options.

Resources used for making utilization decisions and developing criteria may include:

- Food and Drug Administration (FDA) approved label
- Nationally recognized utilization management criteria and established practice guidelines, such as National Comprehensive Cancer Network (NCCN)
- Medicare-approved compendia (American Hospital Formulary Service-Drug Information (AHFS-DI), NCCN, Micromedex)
- Peer-reviewed medical literature
- In-network and out-of-network physician specialty consultants
- Members of the Pharmacy and Therapeutics (P&T) committee or outside consultants
- Other commercial health plan criteria, including posted PacificSource medical prior authorization criteria for requested treatment

Reauthorization will require documentation of treatment success and a clinically significant response to therapy.

Approval duration: 12 months, unless otherwise specified.

*If approved, drug will pay at Tier 3 (if non-specialty) and Tier 4 (if specialty) copay.

**Maximum allowable cost (MAC) penalty may apply.



Commercial Tier Exception Criteria

Purpose:

The purpose of this policy is to establish criteria for which exceptions to the benefit tier structure may be allowed.

A Tier Exception (TE) is when a drug is covered at a lower cost sharing tier.

Considerations for TE approval include:

- Tier exceptions are only available from Tier 3 to Tier 2
- Tier 1 and Specialty drugs are not eligible for Tier Exceptions
- All lower tier options have been tried and found not effective
- Must be considered high risk medication:
 - Anti-seizure treatment
 - Transplant immunosuppressant
- Drug must be on member's current formulary (non-formulary drugs, including approved formulary exception authorizations, are not eligible for a tier exception)

Approval Duration: 12 months, unless otherwise specified