

NON-FORMULARY EXCEPTION CRITERIA FOR APPROVAL

1. The member must have tried at least three alternative formulary drugs that have a similar mechanism of action as the requested drug AND the member either did not respond to or did not tolerate the formulary alternative drugs. If three drugs with a similar mechanism of action are not available on formulary, the member must have tried three alternative formulary drugs that are medically acceptable to treat the member's condition (NOTE: If the requested drug is a multi-source brand and the generic equivalent is covered on the formulary, the member must have tried and failed the generic drug equivalent as one of the three required formulary alternatives).
OR
2. The prescriber provides an explanation of why formulary alternative drugs would *not* be as effective in treating the member's condition and/or would cause the member to have adverse effects.

Length of approval: 12 months