



Drug Policy:
Non-Formulary Exception Criteria

Effective: 01/01/2018

Last Approval Date: 1/22/19, 2/18/20, 2/2/21, 2/1/22,
1/31/23, 2/13/24, 2/18/25

NON-FORMULARY EXCEPTION CRITERIA

POLICY:

Submissions:

The member, or prescribing provider on behalf of the member, may make a request to obtain a medication that is not on the plan's formulary. The plan will review the medical necessity of this request and respond back to the prescribing provider and the member per regulatory and/or accreditation standards.

COVERAGE AUTHORIZATION CRITERIA:

Non-Formulary prescription medication coverage will be granted if the following criteria are met:

1. The requested medication is being used for an FDA approved indication; AND
2. Medication and/or dose are medically necessary and appropriate for treating the condition; AND
3. The prescribing provider must certify to VCHCP that all available therapeutic equivalent alternative non-restricted access medications (or medically appropriate medications, if no therapeutic equivalents exist) for treatment of the same condition:
 - a. Have been detrimental to the member's health OR have been ineffective in the treatment of the disease or condition; AND
 - b. In the prescribing provider's opinion, are likely to be detrimental to the member's health OR ineffective in treating the disease or condition again; AND
4. Medications being considered for a formulary exception must meet any applicable utilization management requirements if they are in the same therapeutic class as formulary medications that require such authorization.
5. Medical documentation may be required to support the criteria above.

Review/Decision Making:

If criteria are met, the non-formulary medication will be approved allowing the prescription to process as a covered medication at the appropriate co-payment.

Revision History:

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