Non-Formulary Pharmacy Authorization Guidelines

Guidelines for Coverage

To support routine Non-Formulary pharmacy authorization decisions, Aetna Better Health uses guidelines, based on FDA-approved indications, evidence-based clinical literature, recognized off-label use supported by peer-reviewed clinical studies, and member's benefit design, which are applied based on individual members.

The Non-Formulary Guideline is used to evaluate authorization requests for which there are not specific guidelines. A request may be authorized if any of the following conditions are met:

- Drug is deemed to be medically necessary AND
- Three (3) formulary drugs (when available) in the same therapeutic category have been utilized for an adequate trial and have not been effective or not tolerated OR
- Formulary drugs in the same therapeutic category are contra-indicated OR
- There is no therapeutic alternative listed on the Formulary OR
- Member is currently receiving medication within these drug classes:
  - Anticonvulsants, Oral
  - Antidepressants
  - Antiparkinson's Agents
  - Antipsychotics
  - Cytokines and Cell Adhesion Molecules (CAM)
  - Cystic Fibrosis
  - Hereditary Angioedema (HAE) medications
  - Hepatitis C agents
  - HIV medications
  - Idiopathic pulmonary fibrosis (IPF) agents
  - Immunosuppressives, Oral
  - Multiple Sclerosis (MS)
  - Oncology Agents
  - Pancreatic Enzymes
  - Pulmonary Arterial Hypertension (PAH)
  - Stimulants and Related Agents
  - Thalidomide and derivatives
  - Ulcerative Colitis Agents

Exception requests are reviewed by a licensed clinical pharmacist using professional judgment and Department approved guidelines, policies and protocols for determining medical necessity. Prescribing providers and members may request reconsideration of denied authorizations.

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1 NCQA HP 2018/2019 UM11 B2, UM11 B4-5
2 NCQA HP 2017 UM11 E4-5
3 Pennsylvania HealthChoices Agreement. Exhibit BBB.
4 Pennsylvania HealthChoices Agreement. Exhibit BBB.