

Pharmacy Policy Bulletin

Title: Nonformulary Medication Requests
Policy #: Rx.01.61

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

▸ Intent:

The Select Drug Program® Formulary offers drug coverage through a three-tiered cost-share structure: generic formulary, brand preferred formulary, and brand non-preferred formulary. It is the intent of FutureScripts® to ensure that there are sufficient formulary alternatives for non-preferred agents when possible. Members who participate in the Select Drug Program Formulary may request non-preferred formulary medications be covered at the formulary benefit level. These requests are evaluated to determine if all or an approved list of formulary alternatives from the FutureScripts® Pharmacy and Therapeutics Committee has been tried. Prior authorization is required for the use of non-preferred formulary medications at the formulary benefit level. FutureScripts® is an independent company that provides pharmacy benefit management services.

▸ Description:

N/A

▸ Policy:

A non-formulary medications will be covered at the formulary benefit level when there is documentation of inadequate response or inability to tolerate at least three preferred formulary alternative(s) in the same drug class (when available.)

Affordable Care Act

An exception to allow no-cost share is allowed for brand drugs that have generic alternatives when ALL of the following are present:

1. The drug is described as either preventative medications or women's preventative services by the Patient Protection and Affordable Care Act (PPACA)
2. Inadequate response or inability to tolerate the generic equivalent , if available

3. Inadequate response or inability to tolerate a generic alternative
4. The prescriber has provided documentation indicating the brand product is medically necessary

▶ Black Box Warning:

N/A

▶ Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.


BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

▶ References:

N/A

▶ Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

N/A

▶ Cross References:

Age Edits for Pharmaceuticals Covered Under the Pharmacy Benefit

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