



Non-Formulary Pharmacy Authorization Guidelines for Non-PDL Drugs¹

Guidelines for Coverage

To support routine Non-Formulary pharmacy authorization decisions for drugs and products outside of the scope of the statewide preferred drug list (PDL), 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:

- A. Drug is sold or distributed by a drug manufacturer that participates in the Medicaid Drug Rebate Program² AND
- B. Drug is deemed to be medically necessary AND
 - a. 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
 - b. Formulary drugs in the same therapeutic category are contra-indicated OR
 - c. There is no therapeutic alternative listed on the Formulary³ OR
 - d. Member is currently receiving medication within these drug classes⁴:
 - 1. Anticonvulsants, Oral
 - 2. Antidepressants
 - 3. Antiparkinson's Agents
 - 4. Antipsychotics
 - 5. Cytokines and Cell Adhesion Molecules (CAM)
 - 6. Cystic Fibrosis
 - 7. Hereditary Angioedema (HAE) medications
 - 8. Hepatitis C agents
 - 9. HIV medications
 - 10. Idiopathic pulmonary fibrosis (IPF) agents
 - 11. Immunosuppressives, Oral
 - 12. Multiple Sclerosis (MS)
 - 13. Oncology Agents
 - 14. Pancreatic Enzymes
 - 15. Pulmonary Arterial Hypertension (PAH)
 - 16. Stimulants and Related Agents
 - 17. Thalidomide and derivatives
 - 18. Ulcerative Colitis Agents

¹ NCQA HP 2018/2019 UM11 B2, UM11 B4-5

² Pennsylvania HealthChoices Agreement

³ NCQA HP 2017 UM11 E4-5

⁴ Pennsylvania HealthChoices Agreement. Exhibit BBB



Exception requests are reviewed by a licensed clinical pharmacist using professional judgment and Department approved guidelines, policies and protocols for determining medical necessity⁵. Prescribing providers and members may request reconsideration of denied authorizations⁶.

⁵ Pennsylvania HealthChoices Agreement. Exhibit BBB

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