

1 . Criteria

Product Name: ACA Merged Markets/Non-Formulary Exceptions	
Approval Length	12 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
<p>Approval Criteria</p> <p>1 - One of the following reasons why all covered formulary drugs on any tier cannot be used:</p> <ul style="list-style-type: none">• will be or have been ineffective• would not be as effective as the nonformulary drug• would have adverse effects <p style="text-align: center;">AND</p> <p>2 - Prescriber must provide an oral or written statement with justification supporting the need for the non-formulary drug to treat the enrollee's condition</p>	