



Non-formulary Exception Criteria

POLICY

The member, or prescribing provider on behalf of the member, may make a request to obtain a drug that is not on BCBSNC's formulary. BCBSNC 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 exception coverage will be granted if the following criteria are met:

1. The requested drug is being used for an FDA approved indication; **AND**
2. Drug and/or dose are medically necessary and appropriate for treating the condition; **AND**
3. The prescribing provider must inform BCBSNC that at least two available therapeutic equivalents on the formulary (or medically appropriate medications, if no therapeutic equivalents exist) for treatment of the same condition either:
 - a. have been ineffective in the treatment of the disease or condition; **OR**
 - b. are reasonably expected to cause a harmful or adverse clinical reaction;

AND

4. Drugs being considered for a formulary exception must meet any applicable utilization management requirements if they are in the same therapeutic class as formulary drugs that require such authorization.

Special Notes:

If there is no alternative drug at a lower tier in a therapeutic class, there are often therapeutically equivalent alternatives in a lower tier that are in the same therapeutic category.

If criteria are met, the non-formulary drug will be approved allowing the prescription to process as a covered medication at the appropriate co-payment. Generic drugs will be covered at the non-preferred generic level of co-payment (tier 2) and brand drugs will be covered at the non-preferred brand of copayment (tier 4), and specialty drugs will be covered at the specialty level of copayment/ co-insurance (tier 5).