Aspirus Formulary Exception Criteria

A formulary exception is granted if the following criteria are met.

- The drug is not excluded from coverage AND
- The drug is prescribed for a medically accepted indication AND
- The requested drug is being prescribed within recommended dosing guidelines AND
- The generic equivalent, if on formulary, would not be as effective or would adversely affect the member as compared to the non-formulary brand drug AND
- Two or more of the covered drugs, if at least two drugs are available, on any tier of the formulary for treatment of the member's condition would not be as effective for the member as the non-formulary drug OR
- Two or more of the covered drugs, if at least two drugs are available, on any tier of the formulary for treatment of the member's condition would adversely affect the member.

Approval duration for formulary exceptions is 12 months plus a 1 month back date from the approval date.