



Prior Authorization Approval Criteria

Excess quantity requests (standard criteria)
including, but not limited to, increased dose, frequency, and duration

Criteria for approval (*bullet points below are all inclusive unless otherwise noted*):

- If medication/item has specific written criteria, patient must meet those criteria.
- Must be a medication/item that is eligible for a quantity limit override. Currently excluded items include, but are not limited to: erectile dysfunction medications, oral Toradol (ketorolac), inhaler spacers, blood glucose meters and peak flow meters).
- Must have a clinically documented condition which the medication/item is FDA-approved to treat.
- Must have a clinically documented medical need for the increased quantity (including, but not limited to, increased dose, frequency, or duration).
- Must have tried and failed the standard approved dosing, frequency, and duration.
- Must have failed other medications in the same class (if applicable to request).
- Must have failed prophylactic medications or commonly used adjunct medications (if applicable to request).
- May be required to have a specialty consultation that agrees with and recommends the quantity requested.
- The safety of doses, frequencies, and durations above the maximum recommended dose, frequency, and duration must be established.*
- The efficacy of doses, frequencies, and durations above the maximum recommended dose, frequency, and duration must be established.*
- For medications that are available in multiple strengths for which there exists an opportunity to change from multiple units to a single unit of the same medication (i.e., dose consolidation), the patient must have tried and failed the consolidated dosing, and there must be clinical documentation of the need for the multiple units.

* *“Established” is defined as having evidence in the form of prospective, randomized, reproducible articles published in peer-reviewed journals that show the safety, efficacy, and improvement in net health outcomes of the requested dose, frequency, or duration when compared to standard approved dose, frequency, and duration.*

Not approved if:

- Patient has any contraindications to the requested medication.
- Patient does not meet the above-stated criteria.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

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