



## Standard Prior Authorization Criteria for Medications without Specific Written Requirements

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

- The medication must be FDA-approved for the medical condition being treated or meet off-label use criteria by 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 concerning this therapy when compared to existing therapy for the medical condition being treated. If there are FDA-approved therapies or other standard therapies for the medical condition being treated, such therapies must have been tried and failed or been contraindicated for the patient.
- For some classes of drugs, the patient may be required, as documented in the practitioner's records, to have failed or been intolerant to other drugs that FCHP has determined to be more efficacious and/or cost-effective.
- If the request is for a brand name medication that is available as a generic, the patient must have tried and failed the generic medication in addition to other FCHP-preferred formulary medications.
- The patient must not have a clinical contraindication to the use of the requested product.
- Drugs prescribed must be for purposes that are medically necessary. There must be clinical documentation of the medical need for the requested therapy.
- May be required to have a specialty consult which agrees with and recommends the requested therapy.

P&T approval: \_\_\_\_\_ Date: \_\_\_\_\_