



Standard Prior Authorization Criteria for Medicare-Covered Medications

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

- The medication must be used for a medically accepted indication not otherwise excluded from Medicare Part D.
- As documented in the practitioner's records, patient must have failed or been intolerant to 2 other FCHP formulary drugs that are accepted to be standard treatment for stated condition.
- The patient must not have a clinical contraindication to the use of the requested medication.
- Drugs prescribed must be for purposes that are medically necessary. There must be clinical documentation of the medical need for the requested therapy

P&T Approval: _____ Date: _____

Approved: 9/2011