

TIER EXCEPTION CRITERIA FOR APPROVAL

1. The member must have tried at least three alternative formulary medications that are on a lower tier and approved to treat the same condition as the requested medication AND the member either did not respond to or did not tolerate the formulary alternative medications. (NOTE: If the medication requested for tier exception is a multi-source brand and the generic equivalent is covered on the formulary, the member must have tried and failed the generic medication equivalent as one of the three required formulary alternatives.)

OR

2. The prescriber provides an explanation of why formulary medications on a lower tier than the requested medication would *not* be as effective in treating the member's condition and/or would cause the member to have adverse effects.

NOTES:

- Medications on the specialty tier are not eligible for a tier exception.
- Tier exceptions for brand name medications will be approved to the lowest tier which contains brand name alternatives.
- Tier exceptions for biological products will be approved to the lowest tier which contains biological alternatives.
- Tier exceptions for generic medications will be approved to the lowest tier which contains generic alternatives.
- Tier exception requests cannot be considered for medications that do not have an alternative available on a lower tier (e.g., levothyroxine tablets).
- Tier exception requests cannot be considered for medications that have been approved as a formulary exception.

Length of approval: 12 months