

## NON-FORMULARY DRUG REQUEST CRITERIA

Upper Peninsula Health Plan (UPHP) provides comprehensive, evidence-based medication coverage aligned with the Michigan Medicaid Health Plan Common Formulary. Coverage is consistent with nationally recognized clinical criteria and guidelines. Certain drugs may require prior authorization or step therapy. Providers may utilize the prior authorization forms to request prior authorization or medical necessity review.

**Drug Class:** All non-Preferred Drug List (PDL) non-formulary products.

### **FDA-Approved Uses:**

#### **Request for non-formulary drug use criteria:**

- Product is listed on the Michigan Pharmaceutical Product List (MPPL):  
<https://michigan.magellanrx.com/provider/>
  - Per the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual, health plans are required to review requests for any prescribed medically appropriate product identified on the MPPL  
<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
- Appropriate diagnosis and indication AND
- Appropriate frequency and/or duration AND
- Request meets one of the following criteria:
  - Documented trial, failure, or contraindication to at least three preferred formulary alternatives in the PDL class AND documented trial, failure, or contraindication to at least three non-preferred formulary alternatives in the PDL class.
    - For cases where there are two or fewer preferred or non-preferred agents, then all preferred and non-preferred agents in that PDL class must be contraindicated, ineffective or not tolerated.
  - No other formulary drug/product has a medically accepted use for the patient's specific diagnosis as referenced in medical compendia (Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines).
- The provider may be requested to submit additional evidence or literature to support this request.
- **Medical Necessity:** Medical Director/Clinical Reviewer may override criteria when, in their professional judgment, the requested item is medically necessary. The provider may be requested to submit additional evidence or literature to support this request.

#### **Request for continuation of non-formulary medication criteria:**

- The provider must attest to all of the following:
  - Patient has had a positive clinical response to therapy.
  - Continuation of therapy is medically necessary.
  - Patient has not developed any unacceptable toxicities.

### **Coverage Criteria/Limitations for Initial and Continuation Authorization:**

- Approval for up to 12 months (depending on diagnosis and usual treatment duration)**

Effective 12/1/2021