

Prior Authorization Group Description	Medications without specific criteria
Drugs	Medications without specific criteria
Covered Uses	Medically accepted indications are defined using the following sources: the 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.
Exclusion Criteria	N/A
Required Medical Information	See “other criteria”
Age Restrictions	Per package insert
Prescriber Restrictions	N/A
Coverage Duration	If the criteria is met, the request will be approved for up to a 12 month duration (depending on the diagnosis and usual treatment duration).
Other Criteria	<ul style="list-style-type: none"> • Appropriate diagnosis/indication • Appropriate dose of medication based on age (i.e., pediatric and elderly populations) and indication.
Revision/Review Date: 10/2023	