



**Drug Name:** Non Formulary

**Date:** 4/2019

Drug Name: Non Formulary	
Required Medical Information:	<ul style="list-style-type: none"><li>• The medication is being used for an FDA approved or compendia supported indication</li></ul> <p>AND one of the following</p> <ul style="list-style-type: none"><li>• The patient has tried and failed 3 comparable formulary medications for the same indication. OR</li><li>• If there are less than 3 comparable formulary medications available for the indication, the patient has tried and failed all of the formulary medications that are available for the indication.</li></ul>
Coverage duration:	12 months