



## **Aspirus Formulary Exception Criteria**

A formulary exception is granted if the following criteria are met:

- The drug is not excluded from coverage AND
- The drug is prescribed for a medically accepted indication AND
- The requested drug is being prescribed within recommended dosing guidelines AND
- All alternative drugs on formulary are contraindicated OR have been tried and were not effective or tolerated AND
- If the drug is a multisource brand with a biosimilar or an A-rated generic, the biosimilar(s) or generic must have been tried with a documented clinical reason for treatment failure (e.g. allergic reaction)

Approval duration for formulary exceptions is one year from the approval date.

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