

# Exception Criteria

## Global Formulary Exception

### Illinois Mandate

## Coverage Criteria

Authorization may be granted for the requested drug when ALL of the following criteria are met:

- The requested drug is being prescribed for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines).
- The prescribed dose and quantity fall within the FDA-approved labeling OR within dosing guidelines found in the compendia of current literature.
- The patient meets ONE of the following:
  - The formulary drug is contraindicated for the patient.
  - The patient tried the formulary drug and it was ineffective, or the patient was intolerant to the drug. [ACTION REQUIRED: Documentation is required for approval.]
  - The patient is currently stable on the requested drug.

## Duration of Approval (DOA)

- 7059-A: DOA: 12 months

## References

1. Illinois House Bill 5395. July 2024.