

# Medical Exception Criteria for NMRx

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1	Penlac	Ciclopirox	Medical Exception
2	Viagra	Sildenafil	Medical Exception
1	Xenical	Orlistat	Medical Exception
2	Zyprexa	Olanzapine	Medical Exception

## terbinafine (Lamisil)

## ciclopirox (Penlac)

### **Indication for approval:**

Onychomycosis with secondary infection of surrounding soft tissue requiring systemic antimicrobial administration

**OR**

Onychomycosis in patients with severe peripheral vascular disease at high risk from complications including secondary infection or amputation.

Chart notes will be required for all requests

**Approval:** 3 months

## sibutramine (Meridia)

## orlistat (Xenical)

### **Indication for approval:**

Severe obesity (BMI  $\geq$  40) – documented with current height and weight

**AND**

Patient has failed diet (calorie restricted) and exercise program for at least 6 months prior to request

**Approval:** initial – 3 months

Re-evaluation after initial approval – Patient must have at least a 5% weight loss

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## olanzapine (Zyprexa)

### **Indication for approval:**

Previous trial and failure of at least two atypical antipsychotics

**OR**

Documented prior use of Zyprexa with a positive response

**OR**

Weight gain is a necessary (or intended) result of treatment of the psychiatric disorder

**Quantity Limits apply:** Limited to once daily dosing

**Approval:** one year

## sildenafil (Viagra)

### **Indication for approval:**

Primary Pulmonary Hypertension

**OR**

*(Presbyterian does not recommend covering Erectile Dysfunction medications for the treatment of impotency)*

Impotency is due solely to a physiological cause, NOT due to undertreated hypogonadism (low testosterone), undertreated thyroid, excessive alcohol intake, side effect of medication or psychological cause

Physiological cause is defined by

1. Diabetes
2. Peripheral vascular disease or injury to pudendal circulation
3. Illness or injury to the spinal cord
4. Illness or injury to the prostate

Lab results must be submitted documenting normal testosterone and thyroid levels

**Quantity Limits apply:** Limited to one tablet per month for Erectile Dysfunction subject to tablet splitting for 2 doses per month

Limited to 60 tablets per month for Primary Pulmonary Hypertension

**Approval:** one year

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**Oral Nutritional Supplements**, eg. Ensure (Refer to the Oral Nutritional Supplements Medical Exception Form)

**Indication for approval:**

Patient must have an organic or physiological cause that prevents adequate caloric intake. Dietary / Nutritional consult must be submitted with request demonstrating medical necessity and the ADA caloric requirements. Current height and weight must be documented.

**Quantity Limits apply:** The amount authorized at any given time will relate to the ADA caloric intake for a 24 hour period to sustain life.

**Approval:** 6 months, renewal dependant on weight gain and caloric requirements

**Diapers (generic diapers only)** (Refer to the Diaper Medical Exception Form)

**Indication for approval:**

Patient must have a developmental delay or physiological cause of incontinence

**AND**

Patient age greater than 3 years

**AND**

Patient with a diagnosis or clinical condition that relates to a neurological or neuromuscular disorder or other diseases associated with incontinence or cognitive incapacity to maintain continence.

The level of incontinence must be characterized by **all** of the following:

1. Occurs continuously throughout the day.
2. Is not amenable to bowel/bladder training.
3. Is not amenable to or appropriate for further medical, urological, or surgical intervention.
4. Produces significant soiling that requires clothes or bed to be immediately changed or which macerates skin or exacerbates decubitus ulcers.
5. Cannot be successfully managed with bedside commode or other assistive devices.
6. Is not being managed with an indwelling catheter.
7. Is not used primarily for comfort or convenience purposes, such as in cases where diapers are used for protection from occasional incontinent episodes or for night time incontinence only.

**Approval:** one year, maximum of 200 diapers per 30 days