

# Administrative Policy Statement INDIANA MARKETPLACE

Policy Name

Policy Number

Date Effective

Medical Necessity for Non-Formulary Medications PAD-0031-IN-MPP

01/01/2022

Effective Date: 01/01/2022

### A. Subject

## **Medical Necessity for Non-Formulary Medications**

#### B. Background

CareSource uses a Marketplace Formulary Drug List that is established, reviewed, and approved by a Pharmacy and Therapeutics (P&T) Committee and applicable state and federal regulatory agencies. Drugs on the Marketplace Formulary Drug List are classified into tiers as explained in the Member's Evidence of Coverage (EOC). The Marketplace Formulary Drug List is reviewed routinely for addition or deletion of drugs and for movement of drugs from one tier to another. Drugs may be added to or deleted from the Marketplace Formulary Drug List in response to new clinical evidence related to safety or efficacy for the drug in question or for a comparable drug with the same indication for use. CareSource will follow the guidance of the state Marketplace programs in the states that it services to enforce clinically appropriate, low cost drugs as first line therapy through the use of the Marketplace Formulary Drug List.



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# H. References

1. Definitions for Formulary, Medical Necessity: Healthcare.gov.

2.

