



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name:	Universal Petition for Medication Authorization Criteria	Page:	1 of 2
Effective Date:	4/1/2024	Last Review Date:	10/2023
Applies to:	<input checked="" type="checkbox"/> Oklahoma		

**Intent:**

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for medications utilizing the Universal Petition for Medication Authorization Criteria under the patient’s prescription drug benefit.

**Description:**

The intent of the criteria is to ensure that patients follow selection elements noted in labeling and/or practice guidelines to ensure appropriate utilization for non-preferred drug list (PDL), step therapy and brand name drug requests as well as requests exceeding the PDL quantity limits.

**Applicable Drug List:**

Reference Oklahoma PDL

**Policy/Guideline:**

The requested drug will be covered with prior authorization when the following criteria are met:

- The request is for a PDL product for more than the initial clinical dose or quantity limit  
**OR**
- The patient is unable to take required tier drug/Over-The-Counter (OTC) alternative(s) for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.
  - If the request is for a brand name product that has a generic available on the PDL, then the patient must have had a trial and failure of the generic agent due to an adverse event (examples: rash, nausea, vomiting, anaphylaxis) that is thought to be due to an inactive ingredient

**AND**

- The requested product is being used for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)

**AND**

- The prescribed dose and quantity fall within the FDA-approved labeling or within dosing guidelines found in the compendia of current literature

Note: Requests meeting these criteria can be submitted using the Universal Petition for Medication Authorization form.

**Approval Duration and Quantity Restrictions:**

**Approval:** 12 months or appropriate duration for requested drug



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name:	Universal Petition for Medication Authorization Criteria	Page:	2 of 2
Effective Date:	4/1/2024	Last Review Date:	10/2023
Applies to:	<input checked="" type="checkbox"/> Oklahoma		

**Quantity Level Limit:** Reference PDL for drug specific quantity level limits

**References:**

N/A