

## Drugs for Non-funded Conditions

**Goal:**

- Restrict use of drugs reviewed by the Oregon Pharmacy & Therapeutics (P&T) Committee without evidence for use in Oregon Health Plan (OHP)-funded conditions. Allow case-by-case review for members covered under the EPSDT program.

**Length of Authorization:**

- Up to 6 months.

**Requires PA:**

- A drug restricted by the P&T Committee due to lack of evidence for conditions funded by the OHP.

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the drug being used to treat an OHP-funded condition?	<b>Yes:</b> Go to #4	<b>No:</b> If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP  If eligible for EPSDT review: Go to #3
3. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	<b>Yes:</b> Approve for 6 months, or for length of the prescription, whichever is less	<b>No:</b> Pass to RPh; Deny; medical necessity.
4. Pass to RPh. The prescriber must provide documentation of therapeutic failure, adverse event, or contraindication alternative drugs approved by FDA for the funded condition. Otherwise, the prescriber must provide medical literature supporting use for the funded condition. RPh may use clinical judgement to approve drug for up to 6 months or deny request based on documentation provided by prescriber.		

P&T / DUR Review: 12/22; 4/22 (SS); 11/15  
 Implementation 1/1/23; 1/1/16