

<b>Reference number</b>
1868-A

# **SPECIALTY GUIDELINE MANAGEMENT**

## **UNIVERSAL CRITERIA**

### **POLICY**

#### **I. PROGRAM SUMMARY**

The Specialty Universal Criteria ensure appropriate utilization of Specialty medications and confirm that selection elements established in the FDA-approved product labeling are followed. These universal criteria for approval apply to medications not otherwise managed through a product-specific Specialty Guideline Management (SGM) program. The criteria may be applied in situations where specific criteria are pending development.

These universal criteria confirm the medication is prescribed for an FDA-approved indication and that the member has no contraindications to therapy as described in the FDA-approved product labeling.

#### **II. CRITERIA FOR APPROVAL**

Authorization of 3 months may be granted for a requested medication when all of the following criteria are met:

1. The medication is prescribed for an FDA-approved indication.
2. The member has no contraindications to therapy as described in the FDA-approved product labeling.