# SPECIALTY GUIDELINE MANAGEMENT

## **UNIVERSAL CRITERIA**

### **POLICY**

### I. PROGRAM SUMMARY

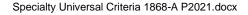
The Specialty Universal Criteria ensure appropriate utilization of Specialty medications and confirm that selection elements established in the FDA-approved product labeling are followed. These universal criteria for approval apply to medications not otherwise managed through a product-specific Specialty 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.



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