Overview
N/A

Coverage Guidelines
Requests for more frequent or higher doses of injectable biologics may be approved if ALL the following is provided:
1. Member meets drug and diagnosis specific prior authorization criteria AND
2. Prescriber has provided documentation of:
   a. Disease severity
   b. ONE of the following:
      i. Inadequate response or adverse reaction to ONE other injectable biologics which are FDA-approved for the requested indication
      ii. Contraindication to ALL other injectable biologics which are FDA-approved for the requested indication
   c. Documented partial response to FDA-approved dosing of current biologic therapy
   d. Documentation of specialist consult for the requested indication

Continuation of Therapy
Reauthorization will require documentation of a positive response to therapy.

Limitations
1. Approvals will be granted for 3 months.

References
N/A

**Review History**
03/01/18 – Adopted MH RS
02/01/19 – Reviewed

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