

Nonpreferred Drug Prior Authorization Criteria

February 2019

Approval criteria

A request for coverage of a nonpreferred drug may be approved if the following criteria are met:

- The drug is not excluded from coverage (e.g., drugs for weight loss, drugs for erectile dysfunction are excluded from coverage) AND
- The drug is prescribed for a medically accepted indication as defined in Sec. 1927 of the Social Security Act AND
- The member has been taking the requested nonpreferred drug to treat a mental illness or emotional disturbance as defined by Minnesota Statute 62Q.527 for at least 90 days OR
- The requested drug is being prescribed within recommended dosing guidelines AND
- The member has had a trial of at least two preferred chemically unique drugs within the same drug class on the Preferred Drug List, or a trial of at least one preferred drug within the same drug class if there are not two chemically unique preferred drugs within the same drug class AND
- The prescriber must provide documentation (e.g., pharmacy dispensing record, medication orders in members' health record, etc.) at the time of request that:
 - the member was adherent to the previous therapies during the trial(s) AND
 - the trial was period of time sufficient to allow for a positive treatment outcome, or that the drug was discontinued due to an adverse event OR
- The member is currently taking the requested nonpreferred drug and is experiencing a positive therapeutic outcome AND the prescriber provides documentation that switching the member to a preferred drug is expected to cause harm to the member or that the preferred drug would be ineffective OR
- The preferred drug is contraindicated pursuant to the pharmaceutical manufacturer's prescribing information or, due to a documented adverse event or medical condition, is likely to result in the following:
 - cause an adverse reaction OR
 - decrease the ability of the member to achieve or maintain reasonable functional ability in performing daily activities OR
 - cause physical or mental harm to the member

Duration of Approval

- Up to 12 months

Quantity limits

- Quantity limits pursuant to the FDA-approved label will apply

Note

- If applicable, the nonpreferred drug prior authorization criteria does not bypass a clinical prior authorization for a specific drug